



DICKSON COUNTY SCHOOLS
Request for School Zone Reassignment

Request for school year _____ - _____

REQUESTS MUST BE APPROVED ANNUALLY

Student Name

Legal First Name: _____ Legal Last Name: _____

911 Physical Address

Street: _____ City: _____ ST: _____ Zip: _____

School assigned by current address: _____ School currently attending: _____

School requested for reassignment: _____ Current Grade _____

Does your student have a sibling(s) that is/are applying for out of zone in the district?
If so, list name(s) and school(s):

Reason for request: _____

I understand that the above request will be considered on the basis of available space in the school requested, and that I will be notified within 10 days of the beginning of school if the request is granted. I further understand that I must provide transportation for my child to and from school. I further understand that my child may be denied the privilege of attendance in the requested school should behavior, grades, or attendance become unacceptable. I also agree to maintain a positive and proactive relationship with staff.

Parent's signature

Date

Official receiving request

Date

Principals, send a copy to the Elem/Secondary Director.

Out-of-Zone Requirements

Approval for out-of-zone (OOZ) enrollment is contingent upon a student's **grades, behavior, and attendance** at their zoned school. Continued eligibility for OOZ status is also subject to maintaining these standards. If a student fails to meet these expectations, they will be required to return to their zoned school at the end of the quarter. Additionally, if enrollment numbers at the OOZ school increase, students may be reassigned to their zoned school to accommodate capacity requirements.

*Students shall remain in the zoned school until a final decision is made about out-of-zone placement..

FOR OFFICE USE ONLY

Action Taken: _____ Granted _____ Denied

Parent Notified: _____ Yes _____ No

Approval Signature _____

Date _____

Date _____

Via: Email Phone Letter