

# ALLEGANY COUNTY PUBLIC SCHOOLS OUT-OF-DISTRICT REQUEST

Date of application \_\_\_\_\_

Student Name	Student's Date of Birth	Grade in <span style="color: red;">2020-2021</span>	Special Education (Yes/No)	Name of School Requested	Name of School In Your District
Parent(s) Name	Address			Home Phone	Work Phone

State the specific reason for request. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Day Care Provider Information (If applicable)

I verify that I provide child care/supervision for the above student on a regular/daily basis. I agree to notify Allegany County Public Schools if this child care arrangement changes or is terminated.

\_\_\_\_\_  
Signature of Child Care Provider      License \_\_\_\_\_ Date \_\_\_\_\_

## Parent Affirmation

I affirm that the statements are in fact and truth valid at this time and that I will notify the school office of any changes. I accept responsibility for transportation of my child to and from school. I understand an approval of this request is tentative and final approval will be given prior to the opening of school. I understand that final approval is based upon class-size. Furthermore, I understand that an out-of-district permit is approved for a period of one school year and will be reviewed in May for the subsequent school year. In order to retain an out-of-district permit, my student must demonstrate satisfactory behavior and conduct, acceptable attendance, acceptable academic performance, and abide by school rules and regulations. Failure to meet these standards may result in a student being returned to his/her home school. Finally, I understand that out-of-district permits are subject to ongoing review and may be rescinded upon recommendation of the Pupil Personnel Worker or School Administrator for one or more of the following reasons: (1) attendance, behavior or grades are unsatisfactory; (2) the student no longer meets an out-of-district permit standard; (3) information on the original application is determined to be false.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

DO NOT WRITE IN THIS SECTION - ALLEGANY COUNTY PUBLIC SCHOOL USE

Application Approved Based Upon:

- ☐ Child Care

☐ School Year Completion

☐ Title I Accountability Transfer Option

☐ Parent is Employed at this School

☐ Sibling Attends this School

☐ Other: \_\_\_\_\_

Application Denied Based Upon: \_\_\_\_\_

Signed: \_\_\_\_\_

Pupil Personnel Worker

Signed: \_\_\_\_\_

School Administrator

**RETURN THIS FORM TO THE STUDENT SERVICES OFFICE, ALLEGANY COUNTY PUBLIC SCHOOLS,  
PO BOX 1724, CUMBERLAND MD 21501-1724.**