

ALLEGANY COUNTY PUBLIC SCHOOLS OUT-OF-DISTRICT REQUEST

Date of application _____

Student Name	Student's Date of Birth	Grade in 2022-2023	Special Education (Yes/No)	Name of School Requested	Name of School In Your District	
Parent(s) Name	Address			Home Phone	Work Phone	Cell 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 Finally, I understand that out-of-district permits are subject to ongoing review and may be rescinded upon recommendation of the Pupil Personnel Worker or School Administrator for one or more of the following reasons: (1) attendance, behavior or grades are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:

- | | |
|---|--|
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Sibling Attends this School |
| <input type="checkbox"/> School Year Completion | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Title I Accountability Transfer Option | |
| <input type="checkbox"/> Parent is Employed at this School | |

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. THE DEADLINE FOR SUBMITTING APPLICATIONS IS MAY 31, TO BE CONSIDERED FOR THE NEXT SCHOOL YEAR.