ALLEGANY COUNTY PUBLIC SCHOOLS OUT-OF-DISTRICT REQUEST

| FILE: | JC-E1 |
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| | | Date of application | | | | | | | |
|--|---|--|---|---|---|--|--|--|--|
| Student Name | Student's Date of Birth | Grade in 2024-2025 | Special Education (Yes/No) | Name of School Requested | | Name of School In Your District | | | |
| Parent(s) Name | Address | | | Home Phone | Work | Phone | Cell Phone | | |
| | | | | | | | | | |
| Reason for request (check of Childcare) Student is the Sibling attended School year of Check | e child of ACPS ds this school completion | | ☐ Academic/socia | easons (Provider D al interest of the | ocumenta child | · | | | |
| Harassment, Or Intimidation | n Reporting Fo | rm (Policy J | IBA-E). | | | | | | |
| Day Care Provider Inform I verify that I provide child care Schools if this child care arran Signature of Child Care Provi | e/supervision fongement change | or the above s es or is termir | nated. | | | | • | | |
| | | | | | | | | | |
| Parent Affirmation I affirm that the statements a responsibility for transportation that final approval is based to one school year and will be at the end of the first semest district permit; (2) unsatisfation unacceptable assignments, of Signature of Parent or Guard | on of my child to a point of my child to a point of the contraction of the conduct, or class of the conduct of | to and from s Furthermore e for the sub- ore of the follo- ce due to un sroom size; o | school and certify that e, I understand that an sequent school year. (owing reasons: (1) fail nexcused absences/ta r (3) information on the | I can provide said out-of-district per Dut of district per ure to meet the stardies, grades due application is de | d transp mit is ap nits may andards ue to m termined | ortation. oproved for be denie for granti issing, ind to be fals | I understand or a period of d or revoked ng an out-of- complete, or se. | | |
| Signature of Parent or Guardian | | | | | | | | | |
| Application Approved Based Upon: Child Care School Year Completion Title I Accountability Transfer Option Parent is Employed at this School Exceptional Circumstances | | | | | | | | | |
| Application Denied Based L | Jpon: | | | | | | | | |
| Administrator Comments: _ | | | | | | | | | |
| Signed: | | | | | | | | | |

RETURN THIS FORM TO THE STUDENT SERVICES OFFICE, ALLEGANY COUNTY PUBLIC SCHOOLS, P.O. BOX 1724, CUMBERLAND, MD 21501-1724. THE DEADLINE FOR SUBMITTING APPLICATIONS IS JUNE, TO BE CONSIDERED FOR THE NEXT SCHOOL YEAR.

School Administrator

Pupil Personnel Worker