

Rome City Schools
APPLICATION FOR EXEMPTION TO SCHOOL ZONE REGULATIONS

Phone: _____

Date: _____

Please print clearly.

1. Child(ren)'s Names	Date of Birth	Grade	Current School		Race _____
_____					Race _____

2. Parent Information:

Mother's Name: _____ Address: _____ Race _____

Father's Name: _____ Address: _____ Race _____

Guardian's Name: _____ Address: _____ Race _____

Person(s) having legal custody of child(ren). Please check one.

_____ Both Parents _____ Mother _____ Father

_____ Guardian - - Relationship to Child? _____

3. This is a request for my child/children to attend/or complete the _____ school year at
_____ school.

4. Reason for request: (Please continue on the back if necessary.)

5. If recently moved, give previous street address: _____

6. I certify that all the above information is true and correct. I understand that a deliberate misrepresentation of the above information may be cause for this application to be disapproved, or result in the withdrawal of this student from the preferred school.

Signature of Parent or Guardian

TO BE COMPLETED BY ROME CITY SCHOOLS

Disposition of Request: _____

Reason(s): _____

Date: _____ Signature: _____