PUTNAM COUNTY SCHOOL DISTRICT CONTROLLED OPEN ENROLLMENT

Applications must be submitted at the requested school site for the following school year between March 1 and July 1. Decisions on transfer requests are determined based on class size capacity limitations and may not be available until after the first ten days of school. Students attending through approved controlled open enrollment waivers are permitted to attend the school of assignment from year to year. New applications will only be needed when progressing from one school to another (ex. elementary to middle school). Students must remain in their zoned school pending the decision.

Student's Name							
(Last)	(First)	(Middle)					
Date of Birth	Sex:	Grade:	Ethnicity				
Address	City		Zip				
Mailing Address, if different	City	City					
E-Mail Address		@					
Telephone Numbers (H):	(W):	(C):					
Zoned School	Reques	Requested School					
Is your child currently staffed in an Exc Does your child plan to participate in E	ceptional Education Program? High School Athletics?	NoYes NoYes					
To help us make a decision, please incl	lude the reason for your request:						
Indicate if any of the factors listed belo —— Child is moving due to a		ease choose only one.					
Child is being moved du	ue to foster care.						
	court ordered custody changes. re presently enrolled in the school	.1					
 -	-		, p.ccp 1				
I understand transportation of my child transportation is not available to studen							
testify that all of the information on thi	is form is true and accurate. I unde	erstand that failure to con	nply with these conditions,				
or falsification of any portion of the app	plication, will result in the denial	or revocation of my requ	lest.				
PARENT SIGNATURE	PRINTED NAME		DATE				
COMOOT HEE ONLY	INTERIOR DECLICE CENT	A DDDOVED	DENIED				
SCHOOL USE ONLY If denied, parents have the right to appeal to COMMENTS:	INITIAL REQUEST STAT o the Principal based on a hardship. (see		DENIED				
SCHOOL CHOICE COORDINATOR		DATE					

HARDSHIP APPEAL AND LATE FILED APPLICATIONS

REASON FOR APPEAL REQUEST (both hardship appeals and late filed applications must be based on a situation or circumstance that will have a compelling and adverse state of misfortune for that student or their family's daily life:

THE INFORMATION BELOW MUST	Γ BE COMPLETED I	F REQUEST I	IS DUE TO) EMPLOY!	MENT AN	D/OR CH	ILD CARE HARDS	SHIP.	
STATEMENT OF CHIL	D CARE PRO	OVIDER							
As of the date of execution	on of this Affi	davit,							
provides before and/or at	fter school chi	ld care to		hild Care I	Provider				
provides before and/or as	ter sellour em	iu care to		Student No	ате			·	
	Address of Child Care Provider					Telephone of Provider			
Child Care Provide Signature					Date				
STATEMENT OF EMP	LOYER								
As of the date of execution of this Affidavit, provides						vides e	employment to .		
		Employer		loyer				Employee Name	
Work Hours	Work	Days- M	1 Tu	ı W	Th	F	Sa Su		
Company Address					Company Telephone				
Supervisor Signature					Date				
SCHOOL USE ONLY STATUS: APPRO COMMENTS:	OVED DEN	NIED If de	nied, pare	ents have	the right	to appea	al to the district.		
PRINCIPAL	PRINCIPAL DATE								
	enied, provide tudent Servic							hem to the Office of 329-0538.	
DISTRICT USE ONLY APPEAL STATUS: APP COMMENTS:	PROVED	DENIE	ED		Constitutes final agency action.				
DISTRICT ADMI	NISTRATOR	_			DA	 TE			