

**PARENT APPLICATION FOR ENROLLMENT
OF OUT-OF-COUNTY STUDENTS
IN WARREN COUNTY SCHOOL DISTRICT**

Both parents/ guardians should read the provisions of this Application and complete the required information before signing and initialing each section. Return the Contract to the Office of the Director of Schools.

Student's Name	School and Grade Requested	Date to Enter
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_____ I understand and agree that the Director of Schools has full discretion in determining on a case by case basis whether my out-of-county student exception shall be enrolled in Warren County School District. His decision may be based on consideration of how the enrollment of a student shall impact space availability, building capacity, student-teacher ratio, strategic planning for WCSD and may also include consideration of any other factor which is not prohibited by law or policy.

_____ I understand that I may apply for a particular school and grade level. However, I understand and agree that students who enter the district from another school district are assigned to individual schools at the discretion of the Director of Schools and will be placed by the principal in the grade and/or level as indicated by records from the former school. If the student's placement is inappropriate in the grade or level assigned, he/she may be reassigned by the principal to another grade level. Parents shall be kept advised.

IN WITNESS WHEREOF, I hereto execute this Agreement. (Both parents must sign this agreement.)

_____ Date: _____
Father/Guardian
_____ Address

_____ Date: _____
Mother/Guardian
_____ Address

APPROVED and accepted:

WARREN COUNTY BOARD OF EDUCATION

By: _____ Date: _____
BOBBY COX, DIRECTOR OF SCHOOLS