APPLICATION FOR ATTENDANCE ZONE EXCEPTION
RETURN TO:
THE OFFICE OF STUDENT SERVICES
Anderson School District Five, PO Drawer 439, Anderson, SC 29622 FAX: (864) 260-5055

Today's Date: ___________________________ For School Year: 2019-2020

<table>
<thead>
<tr>
<th>School Zone &amp; School District in Which the Child Resides:</th>
<th>School You Wish the Child to Attend:</th>
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<tr>
<th>Student’s Full Name:</th>
<th>Race:</th>
<th>Sex:</th>
<th>Grade (2019-20):</th>
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<table>
<thead>
<tr>
<th>Parent or Legal Custodian Name:</th>
<th>Address:</th>
<th>Zip:</th>
<th>Home Phone:</th>
<th>Work Phone</th>
</tr>
</thead>
</table>

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<th>Parent or Legal Custodian Name:</th>
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<th>Zip:</th>
<th>Home Phone:</th>
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<th>Who has Legal Custody of the child:</th>
<th>Address:</th>
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<tr>
<th>Name of Person with whom child lives:</th>
<th>Address:</th>
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REASONS FOR ZONE EXCEPTION REQUEST:
(Attach an additional sheet if more writing space is needed. Attach any supporting documentation.)

- ☐ Moving / Building House (ATTACH CONTRACT)
- ☐ Out of District Tuition (LETTER OF RELEASE REQUIRED)
- ☐ Sibling of Special Education Student
- ☐ Medical / Psychological
- ☐ IEP (INDIVIDUAL EDUCATION PROGRAM)
- ☐ Other
- ☐ District Employee* Living ☐ IN or ☐ OUT of District – Specify Worksite: __________________

*Please Note: Out of District Employees must attach Letter of Release each school year

IMPORTANT

- NOTE: Parents of students who have been granted a transfer out of their resident attendance zone MUST FURNISH THEIR OWN TRANSPORTATION. Attendance Zone Exceptions may affect your child’s eligibility to participate in academic and or varsity school sports for one calendar year. It is the parent’s responsibility to check with the school Athletic Director or the South Carolina High School League www.schsl.org regarding eligibility requirements.

- Zone exceptions may be denied based on the District Five Attendance Policy and/or other mitigating factors.

Parent Signature: ______________________ Date: __________________

DISTRICT OFFICE USE ONLY— — — — — — — — — — — — — — — — — — — — — — — — — — —.

- ☐ Approved
  Student Management Date

- ☐ Denied
  Student Management Date

Reason/Conditions: ____________________________________________________________ (Revised MAY 2019)

Please read and complete the Parent Contract on the reverse side
Zone Exception

Zone exceptions will be granted in accordance with Board policy JFABC. “Zone exceptions will be based on exceptional and compelling personal hardship unique to the student or the student’s family”.

Parent Contract

Realizing the importance of my influence in my child’s life and because I want the best possible education for my child, I have requested a zone exception for my child listed on this form.

In asking for a zone exception, **I am making a commitment to my child's education and therefore agree to:**

- Support and uphold the expectations of the school rules in accordance with District Five policies.
- Insure that my child is prepared for class each day.
- Uphold the rigorous academic standards and guidelines of the school.
- Attend parent/teacher conferences as requested or required.
- Comply with the expectations of the school as stated in the *Student Handbook*.
- Support and reinforce the District “Student Dress Code”.
- Support and reinforce the “Student Code of Conduct”.
- Insure that my child is at school regularly and that my child arrives and departs on time.

**Reassignment based on Poor Attendance/Failure to Meet Financial Obligation**

A student may be reassigned back to his/her zoned school if the student’s attendance requires state mandated attendance interventions and if such interventions continue to be unsuccessful.

A student may be reassigned back to his/her zoned school if the student fails to meet financial obligations to include lunch fees, technology/chromebook fees and textbook fees.

By signing below I agree to the principles above and commit, by way of this contract, to abide by such principles. I understand that the inability of a student or parent to fulfill this contract may result in the reassignment of the student back to his/her zoned school.

Parent/Guardian Signature: _____________________________________________

Date: ____________________________________________________________________