

WILLIAMSON COUNTY SCHOOLS

REQUEST TO RETURN TO ZONED SCHOOL

Student Name: _____

School Currently Attending: _____

Zoned School: _____

2009 - 2010 Grade Level: _____

I hereby request approval to return to my regularly zoned school (as listed above) for the 2009 - 2010 school year. *Deadline for request is May 15, 2009.*

Student Signature

Date

Parent/Guardian Signature

Date

Mailing Address

PRINCIPAL REVIEW:

I / We have reviewed this request.

Signature: Current School Principal

Date

Signature: Zoned School Principal

Date

FINAL ACTION:

Formally approved and recorded

Susan Parker, Zoning Specialist

Date

NOTE: Confirmation copies will be mailed to both schools and parents.