



# REQUEST TO RETURN TO ZONED SCHOOL

*Request should be submitted by May 15, 2019.*

(Only applicable to students currently attending an out of zone school.)

Student Name: \_\_\_\_\_

School Currently Attending: \_\_\_\_\_

Zoned School: \_\_\_\_\_

2019 - 2020 Grade Level: \_\_\_\_\_

I hereby request approval to return to my regularly zoned school (as listed above) for the 2019 - 2020 school year.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Mailing Address**

\_\_\_\_\_  
**City/State/Zip**

\_\_\_\_\_  
**Email Address**

**PRINCIPAL REVIEW**

I have reviewed this request.

\_\_\_\_\_  
**Signature: Current School Principal**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature: Zoned School Principal**

\_\_\_\_\_  
**Date**

**FINAL ACTION**

*The Zoning Appeals Committee, per School Board Policy 1.703, must approve forms submitted after the beginning of the school year. Please attach a letter of explanation for the request.*

Formally approved and recorded.

\_\_\_\_\_  
Allison Nunley, Planning & Zoning Manager

\_\_\_\_\_  
**Date**

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