

Initial Application
 Yearly Update
 Other _____

2011-2012

Columbia County School District

Office of Assistant Superintendent
 372 West Duval Street – Lake City, FL 32055
 (386) 755-8000 FAX – (386) 755-8029

REQUEST TO ATTEND COLUMBIA COUNTY SCHOOLS FROM OUT-OF-COUNTY

I, _____, am the parent or legal guardian of the student(s) listed below. We are residents of _____ County. I am requesting that my child(ren) be allowed to attend school in **Columbia County** for the **2011-2012** school year. A letter of release from the Superintendent of Schools in _____ County is attached.

I understand and agree that I may have to provide transportation to and from school for the student(s) and that they may not be permitted to ride Columbia County school buses. I also understand that they must arrive on time and be picked up promptly after school or this privilege may be revoked.

Should my child(ren) exhibit misbehavior or be involved in an incident of a serious nature, I understand that this privilege will be revoked.

It is further understood and agreed that the student(s) will be assigned to the school with the lowest enrollment for the grade requested. **DEADLINE TO APPLY June 24, 2011**

Please list school of choice:

1st _____ 2nd _____

Comments: _____

Name of Child	Prior ESE Placement? Yes/No	Date of Birth	Grade

Name of school child last attended _____

City/State _____ Phone () _____

Signature of Parent/Legal Guardian _____ *Phone* () _____

Address _____ City/State/Zip _____

- Tentatively Approved
 Denied _____

 Alex L. Carswell, Jr. Assistant Superintendent

