

QUEEN ANNE'S COUNTY PUBLIC SCHOOLS
CENTREVILLE MARYLAND 21617

REQUEST FOR OUT-OF-ATTENDANCE ZONE PLACEMENT
SCHOOL YEAR _____

Student _____ Grade _____

Parent(s)/Guardian(s): _____

Address (street /City/State/Zip) _____

Mailing address (if different from above): _____

Phone: (Home) _____ (Work/Other) _____

Home School: _____ Requested School: _____

Reason for Request: (please check) _____ Child Care* _____ Residence Change _____ Other _____

***If Child Care, please supply name, address, and telephone number of provider:**

Provider's Name: _____

Address/City/Zip _____

Phone Number: _____

If Residence Change or Other, please explain (use other side as necessary or attach a letter):

Queen Anne's County Public Schools assist parents with VALID requests whenever possible for Out-of-Attendance Zone Placements. In order for these placements to be effective, parent/guardian must agree to the following:

- Regular and on-time student attendance.
- Provide transportation or utilize **existing** bus stop, if space is available.
- Abide by all school rules.
- For Pre-Kindergarten - attendance allowed only if space is available.
- For 1st time approvals (if currently enrolled in a QACPS), personally withdraw student from home school and personally enroll student in requested school.
- **Valid for current school year only.**

The above information is correct and I/we understand that my/our student may be returned to his/her home school if the above conditions are not met.

Parent/Guardian Signature

Date

pc: Parent
Requested School Counselor

Approvals
PPW/Date:
Supervisor of Student Services/Date:
*Child Care verified: