

St. Clair County Board of Education

410 Roy Drive – Ashville, AL 35953

Phone: (205) 594-7131 Fax: (205) 594-4441

Web: www.sccboe.org Email: office@sccboe.org

***** REQUEST TO ATTEND A ST CLAIR COUNTY SCHOOL *****

| | | | | | |
|-----------------|-----|-------|---------------|--------------------------|--|
| Name of Student | | | | Social Security Number | |
| Current Address | | | | Current School | |
| Mailing Address | | | | School Zone/System | |
| City | | State | Zip | School Desired to Attend | |
| Race | Sex | Grade | Date of Birth | | |

Does this student receive Special Education Services or Accommodations relating to a disability? NO
 YES – Please provide a description of services or accommodations
 (Use the back of this form or additional sheets, if necessary)

| | | | |
|---|-------|-----|------------|
| Name of Parent/Guardian (Print Clearly) | | | Home Phone |
| Address | | | Work Phone |
| City | State | Zip | Cell Phone |

Please explain your reason(s) for requesting to enroll your child in the St. Clair County School System. Use another page or the back of this form if needed.

Signature of Parent/Guardian

Date

This form must be accompanied by an approved release from the school system the child is required to attend. Requests to attend St. Clair County Schools will be considered on an individual basis. The St. Clair County School System will not accept responsibility for transportation of any student(s) attending a school other than the one for which they are zoned within the St. Clair County School District. The St. Clair County School System will not accept responsibility for any out-of-district fees.

| | |
|--|--------------------------------------|
| St. Clair County School District Use Only | |
| <input type="checkbox"/> APPROVED | |
| <input type="checkbox"/> DISAPPROVED | |
| _____ Date | _____ Superintendent of Education |