

SPECIAL PERMISSION APPLICATION
2023-2024 SCHOOL YEAR
DUE BY MAY 15th

(Please print all information clearly)

STUDENT NAME	STUDENT'S DATE OF BIRTH	GRADE IN 2023 - 2024	NAME OF SCHOOL REQUESTED	NAME OF SCHOOL IN YOUR DISTRICT

Date of application*: _____

*If application is submitted after May 15th, indicate reason for late submission: _____

Parent/Legal Guardian with whom the child resides: _____

Name: _____

Mailing Address (if different than Official Address): _____

Official Address:

House # and Street Name _____ Apt. # _____

House # and Street Name _____ Apt. # _____

City _____ State _____ Zip Code _____

City _____ State _____ Zip Code _____

School student currently or most recently attended: _____

Current Phone Number: _____

Reason for Request (reference WCPS Regulation JC-R):

- Childcare - Parent(s) are employed and the student, under the age of 13, stays with a sitter who resides in the school attendance area of the school where special permission is being requested. **Complete** information on the back of this form.
- Our student will be entering grade 11 or 12 of a high school or grade 8 of a middle school or grade 5 of an elementary school where he/she is currently enrolled and attending. (Check here if student will be attending Boyd J. Michael, III Technical High School.)
- A specific program/course is not available in the home school. **List** the program/course: _____
(Note: Magnet program does not require special permission.)
- We moved during the 2023-2024 school year within Washington County and would like our child to complete the school year at their current school.
- We plan to move into the school attendance area within 90 days of this request. **Attach** a lease or ownership contract that shows a completion or "move in" date.
- School boundaries have changed and our student is in the last year at a particular elementary or middle school, or in the last two years at a particular high school.
- Other significant hardship consideration. **Attach** a description and supporting documentation of the significant hardship.
- I am employed by WCPS and my employment location is outside of the attendance zone where my child resides.

I AFFIRM THE INFORMATION PROVIDED IS IN FACT AND TRUTH VALID AT THIS TIME AND I WILL NOTIFY THE SCHOOL ADMINISTRATION OF ANY CHANGES, OR BE SUBJECT TO SIGNIFICANT PENALTIES.

I've attached a proof of residency dated within 90 days of this application.

Signature of Parent/Legal Guardian

Parent - PLEASE RETURN THIS APPLICATION TO THE PRINCIPAL OF THE REQUESTED SCHOOL.

DO NOT WRITE BELOW THIS LINE – FOR WASHINGTON COUNTY PUBLIC SCHOOLS USE

Application Reviewed by:

Pupil Personnel Worker _____ Date _____ Feedback: Meets Criteria **Does Not Meet Criteria**

Comment: _____

Current school-year data:

of Excused: Absence(s) _____; Tardy _____ **# of Unexcused:** Absence(s) _____; Tardy _____

of Referrals _____; **# OSS** _____ **# of Classes:** Total _____; Passing _____ IEP: (Circle one) Yes No

Recommendation:

Principal of Receiving School _____ Date _____ Approve Deny

Comments: _____

Special Permission APPROVED / DENIED Due To _____

Student Services Department Signature _____ Date _____

Parent/Guardian is required to complete the information below for a Childcare request

BEFORE AND AFTER SCHOOL CHILDCARE PROVIDER INFORMATION

Name of Childcare Provider: _____

Childcare Provider's Signature: _____

Childcare Provider's Address: _____

Childcare Provider's License No.: _____

or

Childcare Provider's Phone #: _____

Childcare Provider's Relationship: _____

Circle: Before School After School Overnight

Circle Day(s) care is provided: M T W T F S S

Mother or Court-Appointed Guardian

Father or Court-Appointed Guardian

Place of Employment

Place of Employment

Employer's Name _____ Phone _____

Employer's Name _____ Phone _____

Employer's Address _____

Employer's Address _____

WORK DAYS: (Circle) M T W T F S S

WORK DAYS: (Circle) M T W T F S S

Work Hours: _____ to _____

Work Hours: _____ to _____

OVERTIME: (Circle) No Yes

OVERTIME: (Circle) No Yes

If yes, indicate amount/frequency _____

If yes, indicate amount/frequency _____

ROTATING SHIFTS: (Circle) No Yes

ROTATING SHIFTS: (Circle) No Yes

ON DISABILITY or MATERNITY LEAVE: (Circle) No Yes

ON DISABILITY or MATERNITY LEAVE: (Circle) No Yes

If yes, indicate approximate date of return _____

If yes, indicate approximate date of return _____

Reminders to Parents/Guardians:

- **Parents/guardians are advised to explore childcare options in the home school attendance area until special permission is granted.**
- **County residents requesting a change in their school attendance area for the next school year must submit an application between April 1 and May 15 of the current school year. In order for an application for Special Permission to be considered after May 15, a parent/guardian must be able to document that the family situation has changed after May 15.**
- The principal will render a recommendation by June 15. The principal will forward a copy of the special permission application with his/her recommendation to the Student Services Department.
- Written notification of the decision will be sent from the Student Services Department to the applicant shortly thereafter.
- **Requests for special permission may be granted if the school has adequate local rated capacity to accommodate the student, and if a specified approval circumstance is deemed to exist.** If the request is granted, transportation to and from the assigned school will be the responsibility of the parent/guardian.
- **Schools and/or grade levels may be "closed" when the projected enrollment exceeds preferred local rated capacity, as determined by the Associate Superintendent of Schools.** Requests for admission to a school/grade level considered "closed" will be subject to additional scrutiny and may be denied even if a valid approval circumstance is deemed to exist.
- **If special permission is granted, it is for one school year only. A new special permission application must be completed and submitted annually.**