

DICKSON COUNTY SCHOOLS – REQUEST FOR OUT-OF-COUNTY ADMISSION  
Policy 6.204

Request for school year \_\_\_\_\_  
**\*\*Requests must be approved annually\*\***

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

FOR OFFICE USE ONLY

911 Address \_\_\_\_\_  
\_\_\_\_\_

Date received \_\_\_\_\_

Contact Number(s) \_\_\_\_\_  
\_\_\_\_\_

Letter of Good Standing attached \_\_\_\_\_

Student's age \_\_\_\_\_ Grade \_\_\_\_\_

Payment Plan established \_\_\_\_\_

Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

County assigned by virtue of residence \_\_\_\_\_

School last attended \_\_\_\_\_

Reason for request \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

School assigned to: \_\_\_\_\_

Parent Notified Date: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Student Services Office Signature

I understand that the above request will be considered on the basis of available space in the school requested and I will be notified within two weeks of making the request. I further understand that I must provide private transportation for my child and that no access to school system transportation will be provided. I further understand that my child may be denied the privilege of attendance should tuition not be paid. I also agree to maintain a positive and proactive relationship with staff.

Parents must attach a letter of good standing from the previous school stating that the student has positive attendance, academics, and disciplinary records.

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Copy to business office & assigned school