

LAKE COUNTY SCHOOLS ZONE WAIVER APPLICATION

Directions for parent(s)/legal guardian(s): Please complete the waiver request form (one student per form) and drop it off at the school you are requesting to attend.

(PLEASE TYPE or PRINT)

Date _____

Name of Student _____
Last First

Name of Parent(s)/
 Legal Guardian(s) _____
Last First

Street Address _____

City/Zip/County _____
City Zip County

Mailing Address _____
If Different

City/Zip/County _____
City Zip County

Contact Numbers: Home _____ Business _____
 Cell _____ Other _____

ZONE WAIVER INFORMATION	
<input type="checkbox"/> New Request	
<input type="checkbox"/> Repeat Request	
School Year 20 ____ 20 ____	
Grade Level	
For Request _____	

SCHOOL INFORMATION	
Request to Attend _____	
Zoned for _____	
Currently Attending _____	

Approval of the special attendance request will be based on one of the following criteria and available capacity (Reason for Request/Check One Below):

- A. **Academic Program:** An academic program is not available or offered in the student's assigned school of attendance. The student must meet eligibility criteria for the program and the principal or their designee must give permission for enrollment in the program.
- B. **Special Programs:** McKay Scholarships and designated ESE Programs.
- C. **District Employees,** excluding temporary assignments, may request a zone waiver transfer of their child(ren) to the school building to which the employees are assigned or feeder pattern within the region.
- D.1. **Childcare: Commercial Provider (Daycare):** Child care is provided by a commercial center and the location of the commercial center is in the requested zone of attendance. Required documentation - on letterhead that the student is actively enrolled, with verification of daycare's address (*Elementary Only*).
- D.2. **Childcare: Individual Provider (Babysitter):** Child care is provided in the location of the employer and the location is in the requested zone of attendance. Required documentation - a notarized statement from the provider that the student is actively attending, with verification of babysitter's address (*Elementary Only*).
- E. **Hardship:** A hardship arising from extraordinary circumstance or substantial danger to the student's safety or welfare.
 Hardship Explanation: (**Supporting documentation must be attached to consider this request.**)

ONE-YEAR APPROVAL
Reassignments are a privilege and will expire at the end of the school year. Reassignments may be denied or revoked at any time due to attendance, tardies, discipline problems, availability of space or any other reason deemed appropriate by the Superintendent or designee.

FHSAA Bylaw 9.3.2 for Athletic Eligibility will be enforced.
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I have reviewed the Lake County School Board Policy guidelines for Special Attendance Request and I agree to abide by them. I do understand that FS 837.06 - False official statements, states that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.

Signature of Parent(s)/Legal Guardian(s): _____

For Office Use Only			
Student Name _____		Student Number _____	
<input type="checkbox"/> Approved I have personnel and facilities to accept this student. The reason for the request has been proven to be valid and in accordance with School Board Policy.	<input type="checkbox"/> Waiver revoked Reason: _____ _____ _____		
<input type="checkbox"/> Not Approved/Reason _____ _____	_____ _____ _____		
Receiving Principal Signature _____ Date _____	Principal Signature _____ Date _____		
Zoned Principal Signature _____ Date _____	_____		