<b>Descriptor T</b>	erm:
Out-of-Zone	Assignment

**Descriptor Code:** JBCC-E1 Issued: 03/17/2023

## DAWSON COUNTY SCHOOL SYSTEM Request for Permission to Attend a School Out-of-Zone

The Dawson County Board of Education establishes geographic areas to be served by each school in the county. Based on HB 251, parents may request that their child be allowed to attend a school outside of their assigned zone. Please read the pertinent information below and the information that is posted at <a href="www.dawsoncountyschools.org">www.dawsoncountyschools.org</a>. If the request for a transfer is approved, parents are responsible for providing transportation to and from school.

## **General Guidelines for Out-of-Zone**

- Out of Zone Transfer Request Forms and Out of Zone Continuation Request Forms must be submitted annually. The district will open a window in the spring each year. Parents will be notified of the window via letter and on the district's website. The window to submit Out-of-Zone Requests and Continuation forms is May 1, 2023 May 26, 2023.
- Out of Zone Transfer Request Forms and Out of Zone Continuation Request Forms will be available online and at schools' front offices.
- Parents will receive notification of available space in schools on or before July 1 of each year. Parents will be notified of approval for requests submitted for the 2023-2024 school year on or before July 1, 2023.
- If a particular school has available space and the number of transfer requests exceeds the remaining available capacity, the school will conduct a random lottery that provides each interested student with an equal chance of admission.
- With the approval of the Superintendent or his/her designee, the principal may request that out-of-zone attendance be revoked based on one or more of the following reasons: excessive unexcused absences, repeated tardies, late pick-up of student, or other just cause.

Date	Student's Name			
Grade	Date of Birth			· · · · · · · · · · · · · · · · · · ·
Name of Parent/Gua	ardian Requesting Transfer			
Home Address				
Stree	t	City	State	Zip
Phone	E-Mail _			
School the Student i	s Zoned to Attend			
School Requested for	or Transfer			
I certify that the abo	ove information is accurate.			
		Parent/Guardian		
S	ignature	_	Date	
FOR OFFICE USE Approved by Princi	ONLY pal Yes	or	No	
Signature		Date		
Approved by Superi	intendent/DesigneeYes	or	No	
Signature		Date		