

**Social Circle City Schools
Request for Out-of-District Attendance**

Please consider this as an official request for my child/children to attend Social Circle City Schools. In addition, I give my authorization for SCCS to obtain discipline/behavioral records from the current school system my child/children attend. The current school system to be contacted is: _____

Is this a: Public School Private School Home School *OR* Child is not enrolled in school

Signed of Parent/Guardian: _____ Date of Request _____

SECTION I: Parent/Guardian Information

Parent/Guardian Name: _____

Address: _____

County of Residence: _____

Home Phone: _____ Work or Cell Phone: _____

SECTION II: Student Information

Please complete the following for each child you wish to enroll in Social Circle City Schools:

Name	Date of Birth	CURRENT GRADE	GRADE REQUESTED	SpEd Student Circle Yes/No	Type of Special Education Services
				Yes No	
				Yes No	
				Yes No	
				Yes No	

What school year are you requesting enrollment for your child? _____

SECTION III: Directions to Residence

SECTION IV: Tuition Rate

Tuition will be determined based on resident county, local annual tuition rate, and date of student enrollment. (See Board Policy JBCBA)

Please return this completed application to Social Circle City Schools Central Office.

COMMENTS: _____

Approved: _____ Denied _____ Committee Representative _____

Approved: _____ Denied _____ Superintendent's Signature _____