

CHESTERFIELD COUNTY PUBLIC SCHOOLS

[Please return this form to the requested school]

Date _____ Home School: _____

Requested School: _____

Name of Student _____ Date of Birth _____ Grade _____

Home Address _____ City/Zip _____

Home Phone Number _____ School Year _____

Mother's Name: _____

Place of Employment _____

Daily Work Hours _____ Work Phone Number _____

Dates of Employment: _____

Father's Name: _____

Place of Employment _____

Daily Work Hours _____ Work Phone Number _____

Dates of Employment: _____

Child Care Agency/Person: _____ Phone Number _____

Address _____

Signature of Parent/Guardian//Custodian _____ Date _____

<p>City/County of _____ Commonwealth/State of _____ sworn to and subscribed before me this _____ day of _____, _____.</p> <p style="text-align: center;">Witness my hand and official seal:</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Notary Public</p> <p style="text-align: center;">My commission expires _____, _____.</p>
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For Office Use Only:
Student Number _____ Date: _____

*Approve: _____ Disapprove: _____

*Approval is granted for one school year only and is given with the following conditions: 1) Parents/guardian/custodian are responsible for transporting the student to and from school in a timely fashion; 2) Student maintains acceptable disciplinary record as determined by the principal; 3) Parents/guardian/custodian will notify the school in writing within seven (7) days of any change in the circumstances regarding this placement. Should the principal or another school official become aware of any impropriety relating to this transfer, or if the above conditions are not met, the approval may be revoked.

Distribution: **Original** - Home School; **Yellow** - Receiving School; **Pink** - Director, Management Information & Accountability Systems; **Goldenrod** - Parent
Please leave all copies attached until processed