

# Dickson County Schools Administrative Procedures Manual

Out of County Application  
Board policy cross reference: 6.2052  
Number: 3.9650

Contract cross reference:  
Created/edited: 9 September 2009

## Part I

(To be completed by parent or legal guardian)

Student's name: \_\_\_\_\_ Social security #: \_\_\_\_\_

Name of parent or legal guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

Students date of birth: \_\_\_\_\_ School last attended: \_\_\_\_\_

Choice of Dickson County Schools: 1<sup>st</sup>: \_\_\_\_\_

Grade: \_\_\_\_\_ 2<sup>nd</sup>: \_\_\_\_\_

3<sup>rd</sup>: \_\_\_\_\_

Is your child receiving any special education services? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, explain: \_\_\_\_\_

Has your child ever been suspended or expelled from school? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, give detailed reason: \_\_\_\_\_

Has your child ever failed to be promoted from one grade level to another? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, how many times, and explain reasons: \_\_\_\_\_

How many days did your child miss school last year? \_\_\_\_\_

If more than five (5), give reasons: \_\_\_\_\_

Has your child been completely immunized (including mumps shot)? Yes\_\_\_\_\_ No\_\_\_\_\_

If no, give reasons: \_\_\_\_\_

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## Part II

Give a brief narrative as to your reasons for applying to attend this school system: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

All applications must be received by the Dickson County Board of Education. It is important that all questions are answered.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

## Part II

(To be completed by the Director's office of the county in which the student resides)

- A. The \_\_\_\_\_ County Board of Education agrees to pay tuition for the above-named student to attend the Dickson County School System. Transfer of funds to the Dickson County School System will be based upon rates established by mutual agreement.
- B. The \_\_\_\_\_ County Board of Education permits the above-named student to attend the Dickson County School System with the understanding that the parent or guardian will pay tuition as determined by the Dickson County School System.

\_\_\_\_\_  
Director of Schools

\_\_\_\_\_  
Date

Subscribed and sworn to before me this

SEAL \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

\_\_\_\_\_  
Notary Public

## Part III

(To be completed by the Dickson County Board of Education)

The Dickson County School System agrees to admit the above-named student with the following assignment for the \_\_\_\_\_ school year.

School assigned (if space available): \_\_\_\_\_

\_\_\_\_\_  
Director of Dickson County Schools

\_\_\_\_\_  
Date