

HARDSHIP REQUEST
LAWRENCE COUNTY SCHOOL SYSTEM
OUT-OF-TRANSPORTATION ZONE HARDSHIP REQUEST FORM

Complete one form per child

Date: ____/____/____

*Note: Completion of this form **does not guarantee enrollment** in the school requested. If enrollment is granted, transportation must be furnished by the parent/guardian.*

Approval of this request is for *this school year only*. If enrollment is approved for this school year, preference for future years will be granted as long as it does not cause overcrowded conditions.

STUDENT NAME: _____ GRADE (upcoming school year) _____
Last First Middle

PARENT NAME: _____ TELEPHONE: (____) ____ - _____

CELL PHONE #1: (____) ____ - _____ CELL PHONE #2: (____) ____ - _____

ADDRESS: _____ CITY: _____ ZIP: _____

SCHOOL LAST ATTENDED: _____

HOME SCHOOL OR ZONED SCHOOL: _____

NAME OF SCHOOL REQUESTED: _____

REASON FOR HARDSHIP REQUEST (be specific-attach additional pages if needed):

Providing false information on this form will lead to automatic denial of the request

FOR SCHOOL USE ONLY:

GRADES: _____

NEW OUT OF ZONE APPLICANT: _____

ATTENDANCE: _____

DATE RECEIVED: ____/____/____

DISCIPLINE: _____

TIME RECEIVED: _____