

**REQUEST FOR ATTENDING A SCHOOL OUTSIDE DISTRICT OF RESIDENCE**

**CONTRACT STUDENT**

**2022-23 SCHOOL YEAR**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**TIME**

**NOTE: Please print form, complete, and then turn into the local school where you would like for your child to attend. Please refer to policy 9.11 AP1 regarding the out of district referrals.**

PARENT'S NAME \_\_\_\_\_  
(LAST) (FATHER) (MOTHER)

ADDRESS \_\_\_\_\_  
(STREET NUMBER & NAME) (CITY) (ZIP)

PHONE # \_\_\_\_\_  
(CELL) (HOME) (FATHER'S WORK #) (MOTHER'S WORK #)

EMAIL ADDRESS \_\_\_\_\_

SCHOOL DISTRICT WHERE RESIDING \_\_\_\_\_

SCHOOL CURRENTLY ATTENDING  
\_\_\_\_\_

HARDIN COUNTY SCHOOL DESIRED \_\_\_\_\_

| CHILD'S NAME | DATE OF BIRTH | GRADE (2022-23) |
|--------------|---------------|-----------------|
| _____        | _____         | _____           |
| _____        | _____         | _____           |
| _____        | _____         | _____           |

**\*\*If you reside in the Elizabethtown Independent Schools district, the Meade County Schools district or reside on the Fort Knox military instillation, YOU MUST contact the Hardin County Schools Superintendent's Office to obtain the proper forms. The Superintendent's Office may be reached at 270-769-8817.\*\***

I understand the following conditions must be met in order for my child(ren) to be granted an exception:

1. A written request must be filed at the school of choice during the months of December through March.
2. The number of openings for exception students will be determined by the principal based on staffing and projected student enrollment.
3. If a school reaches class enrollment maximums On or Before September 15, students granted school district exceptions will have to return to their school of residence in accordance with the provisions of 09.11 AP.1.
4. There will be no cost to or service provided by the Hardin County Board of Education. Transportation is the responsibility of the parent.
5. Athletics eligibility is to be determined by KHSAA guidelines.
6. A release must be secured from the local board of education of residence.

I agree to abide by the conditions and limitations of this transfer request. I understand that false information shall be grounds for refusing the transfer request. Failure to abide by these conditions will be reason for a principal not to approve your child's exception request in subsequent years.

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(Parent Signature)

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(Date)

NOTE: This form must be completed and returned to school of choice.

**REASON(S) FOR EXCEPTION REQUEST:**

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