



**Petition for Enrollment of Out-of-District Student
Whose Parent is an Employee of
Jackson County School District**

To: The Board of Trustees of Jackson County School District

I hereby request that _____, in grade _____, residing with me in the
Student Name
_____ School District be given permission to attend
(Name of the district where you live)
school in the Jackson County School District at _____
(name of Jackson County school)
during the 20__ - 20__ school year.

I am employed as a _____ at _____.
(position) (name of Jackson County school)

I understand that if I am no longer employed by the Jackson County School District my child / children will no longer be eligible to attend school in the district and must be withdrawn immediately.

Printed Name of Parent or Guardian

Signature of Parent or Guardian

Date: _____

Phone Number: _____

Principal

Assistant Superintendent

I, Dr. John Strycker, Superintendent, hereby certify that the Board of Trustees of the Jackson County School District approved the request for transfer as provided under State Law for this student to attend the Jackson County School District. This is with the understanding that any additional cost other than state funds shall be paid by the parent or guardian.

Witness my signature this the _____ day of _____, 20__

Superintendent