

Special Permission Attendance Request
IN DISTRICT- HOPKINS COUNTY SCHOOLS
2019-2020

Student's Name: _____

Address: _____ PO Box # _____ City _____

Phone Numbers: (H) _____ (Cell) _____ (Work) _____

Parent/Guardian Names: _____

Parent Address (if different): _____

Parent Place of Employment: _____

Grade child will be entering (next school year): _____ School where you live: _____

Current School You Attend: _____ School Requested: _____

Reason for Request: _____

Deadline for submission is: **February 15, 2019**.

- Request must be filed on an annual basis.
- Special permission students will only be accepted if class size permits.
- Criteria used in the decision-making process by administrators are attendance, academic effort, and behavior, outstanding charges.
- Transportation will not be provided for special permission students.
- Transfers involving athletics will be in accordance with Kentucky High School Athletic Association (KHSAA) By-Laws.
- Your application will be reviewed by the building level administrator, and decisions will be mailed by the Department of Personnel before the last day of the 2018-2019 school year.

Questions may be directed to Department of Pupil Personnel, 320 South Seminary Street, Madisonville, KY, 42431, 825-6100 ext. 22502.

For School Use Only: Date Received _____

Unfortunately, your request for special permission cannot be granted at this time due to the following;

- Grade level/classroom exceeds allowable state guidelines,
- Student's grades/test scores,
- Student's attendance, or
- Student's behavior.

Date Approved: _____ Date Denied/Revoked: _____

Unfortunately, your request for special permission **has been revoked** at this time due to the following;

- Grade level/classroom exceeds allowable state guidelines,
- Student's grades/test scores,
- Student's attendance, or
- Student's behavior.

Principal's Signature: _____

Special Permission Attendance Request
OUT-OF DISTRICT - HOPKINS COUNTY SCHOOLS
2019-2020

Student's Name: _____ Age: _____ DOB: _____

Address: _____

School District you live in: _____ Hopkins County School you desire to attend: _____

Grade child will be entering: _____

Parent/Guardian Name(s) Mother _____ Father: _____

Parent Address (if different from student): _____

Home Phone: _____ (Cell) _____ (Cell) _____

Mother's Employer: _____ Phone _____

Father's Employer: _____ Phone _____

Reason I (we) desire to enroll in the Hopkins County School District: _____

Deadline for submission is : **February 15, 2019**.

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- Transportation will not be provided for special permission students.
- Transfers involving athletics will be in accordance with Kentucky High School Athletic Association (KHSAA) By-Laws.
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Unfortunately, your request for special permission cannot be granted at this time due to the following;

- Grade level/classroom exceeds allowable state guidelines,
- Student's grades/test scores,
- Student's attendance, or
- Student's behavior.

Date Approved: _____ Date Denied/Revoked: _____

Unfortunately, your request for special permission **has been revoked for the next school year** due to the following;

- Grade level/classroom exceeds allowable state guidelines,
- Student's grades/test scores,
- Student's attendance, or
- Student's behavior.

Principal's Signature: _____

Review/Revised 1/7/2019