ALLEGANY COUNTY PUBLIC SCHOOLS
OUT-OF-DISTRICT REQUEST

FILE: JC-E1

Date of application _____

Student Name	Student's Date of Birth	Grade in 2026-2027	Special Education (Yes/No)	Name of School Requested	Name of School In Your District

Parent(s) Name	Address	Home Phone	Work Phone	Cell Phone

Reason for request (check one):

- ☐ Childcare
- ☐ Student is the child of ACPS employee
- ☐ Sibling attends this school
- ☐ School year completion
- ☐ Exceptional family circumstances
- ☐ Mental health reasons (Provider Documentation)
- ☐ Academic/social interest of the child

*If requesting to transfer schools due to bullying, harassment or intimidation, please complete the Bullying, Harassment, Or Intimidation Reporting Form (Policy JBA-E).

Day Care Provider Information (If applicable)

I verify that I provide child care/supervision for the above student on a regular/daily basis. I agree to notify Allegany County Public Schools if this child care arrangement changes or is terminated.

Signature of Child Care Provide_____ License_____ Date_____

Parent Affirmation

I affirm that the statements are in fact and truth valid at this time and that I will notify the school office of any changes. I accept responsibility for transportation of my child to and from school and certify that I can provide said transportation. I understand that final approval is based upon class-size. Furthermore, I understand that an out-of-district permit is approved for a period of one school year and will be reviewed in June for the subsequent school year. Out of district permits may be denied or revoked at the end of the first semester for one or more of the following reasons: (1) failure to meet the standards for granting an out-of-district permit; (2) unsatisfactory attendance due to unexcused absences/tardies, grades due to missing, incomplete, or unacceptable assignments, conduct, or classroom size; or (3) information on the application is determined to be false.

Signature of Parent or Guardian _____ Date _____

DO NOT WRITE IN THIS SECTION - ALLEGANY COUNTY PUBLIC SCHOOL USE

Application Approved Based Upon:

- ☐ Child Care
- ☐ School Year Completion
- ☐ Title I Accountability Transfer Option
- ☐ Parent is Employed at this School
- ☐ Exceptional Circumstances
- ☐ Mental Health Reason
- ☐ Sibling Attends this School
- ☐ Other: _____

Application Denied Based Upon: _____

Administrator Comments: _____

Signed: _____ _____

Pupil Personnel Worker — School Administrator

RETURN THIS FORM TO THE SCHOOL YOU WOULD LIKE YOUR STUDENT TO ATTEND.
THE DEADLINE FOR SUBMITTING APPLICATIONS IS JUNE, TO BE CONSIDERED FOR THE NEXT SCHOOL YEAR.