



## DUAL LANGUAGE PROGRAM OUT OF ZONE PLACEMENT REQUEST 2020-2021 SCHOOL YEAR

**OFFICIAL USE ONLY:**     Approved \_\_\_\_\_ School \_\_\_\_\_ Admin Initials \_\_\_\_\_

**PRINT** Full Name of Student \_\_\_\_\_ ABSS Student ID # \_\_\_\_\_

Grade \_\_\_\_\_ for the 2020-2021 school year Birth date \_\_\_/\_\_\_/\_\_\_ Gender \_\_\_\_\_ EmailAddress \_\_\_\_\_

Name of Parent/Legal Custodian \_\_\_\_\_ Phone (Cell) \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Address \_\_\_\_\_  
City                      County                      State                      Zip

Is this address **OUTSIDE** Alamance County school attendance boundaries? **NO**  **YES**  **If yes**, you may owe tuition. Receipts for real estate taxes paid to Alamance County the previous year should be attached to this form. A release from your home school system is required for all out of county requests. A bank cashier's check or money order made payable to the Alamance-Burlington School System for the full amount of tuition must accompany the transfer application. Should the transfer request be denied, all tuition will be refunded. **The amount of tuition per child per school year is \$1885.00.**

Is either parent a full-time permanent school system employee? **NO**  **YES**  **If yes**, list name of employee and work location \_\_\_\_\_

Name as Printed on Paycheck Work Site Does this student receive any special services or classes? **NO**  **YES**  **If yes**, please list: \_\_\_\_\_

Please list name(s) and grade level of sibling(s) for 2020-2021: \_\_\_\_\_

Please list name(s) of younger siblings who have not yet started school: \_\_\_\_\_

(Check one) This request is a:  **Placement Request**

I request placement of this child in a Dual Language classroom. Please list your school choices in the order of preference:

1st choice- \_\_\_\_\_ School 2nd choice- \_\_\_\_\_ School 3rd choice- \_\_\_\_\_ School

This child is assigned to attend \_\_\_\_\_ School, based on our current, documented residence.

***REQUEST FOR PLACEMENT IS BEING MADE FOR THE PURPOSE OF PARTICIPATION IN ONE OF THE ABSS GLOBAL PROGRAMS***

**My signature or email submission verifies that I understand the expectations for participation within the Global Studies Program. I also understand that:**

- 1) any attendance/tardy issues, behavior problems, or incorrect information on this form shall be reasons for the placement revocation;**
- 2) the parent/legal custodian must provide transportation for all approved transfer students;**
- 3) if the placement is approved, it will be for the duration of the grade span and no other placement will be granted for the 2020-2021 school year.**

\_\_\_\_\_  
Signature of Parent/Legal Custodian

\_\_\_\_\_  
**PRINT** Name of Parent/Legal Custodian

\_\_\_\_\_  
Date of Request