

STUDENTS

DRAFT 1/5/2021

09.11 AP.22

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Special Permission Attendance Request
IN DISTRICT- HOPKINS COUNTY SCHOOLS
2__ - 2__

Student's Name: _____

Address: _____ PO Box # _____ City _____ Zip Code _____

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: _____

Do you plan for your student to attend ☐ In-Person or use our remote ☐ Virtual Learning Program?

Did student play any sport for Hopkins County Schools within the past year? ☐ YES ☐ NO

If so, was it at the Varsity level? ☐ YES ☐ NO _____

Reason for Request: _____

Deadline for submission is: _____.

- 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 Department of Personnel by: _____

Questions may be directed to Department of Pupil Personnel, 320 South Seminary Street, Madisonville, KY, 42431, 825-6100 ext. 2502.

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Unfortunately, your request for special permission **has been revoked** at this time due to the following;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

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STUDENTS

09.11 AP.22
(CONTINUED)

Special Permission Attendance Request
OUT-OF DISTRICT - HOPKINS COUNTY SCHOOLS
2__ - 2__

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

Address: _____ Zip: _____

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: _____

Do you plan for your student to attend ☐ In-Person or use our remote ☐ Virtual Learning Program?

Did student play any sport within the past year? ☐ YES ☐ NO

If so, was it at the Varsity level? ☐ YES ☐ NO _____

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

Deadline for submission is: _____.

- 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.

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- ☐ 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: _____