

Initials of Principal	Classroom Space Available	Date
_____	_____	_____
_____	No Classroom Space Available	
_____	Alternative School Placement	

**SCHOOL DISTRICT OF OKALOOSA COUNTY**  
**SECONDARY ZONING WAIVER**

1. A request for a zoning waiver must be completed by the parent or guardian; it may not be completed by the student.
2. Persons requesting waivers are reminded that each case will be considered individually. Waivers are only granted where there is great personal hardship for the educational interest of the student. No school bus transportation can be provided. Eligibility of secondary school students to participate in extra-curricular athletics will be affected under regulations of the Florida High School Activity Association (FHSAA).
3. You will be notified upon approval or disapproval of your ZONING WAIVER.
4. Waivers must be applied for each school year.
- \*\* 5. Students from "Out of County" must follow the provisions of Okaloosa County School Board Policy 4-3.

*(PLEASE PRINT INFORMATION)*

**STUDENT NAME:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Student #** \_\_\_\_\_

**This Zoning Waiver is requested to permit the student to attend:**

\_\_\_\_\_ School, instead of \_\_\_\_\_ School  
during the \_\_\_\_\_ – \_\_\_\_\_ school year.

**Reason for Request: (Please check one)**

Moving out of zone; request that student remain enrolled at the school he/she presently attends for the remainder of the school year.

Child requires before/after school care during non-school hours during the day; desire child to attend school in the zone serving care provider. (Transportation may be provided in this case.) Address of care provider:  
\_\_\_\_\_

Student wishes to complete 8th or 12th grade in the school he/she attended for the previous year.

Other: (State in full; use reverse side of sheet if necessary.) \_\_\_\_\_

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Name of parent or guardian: \_\_\_\_\_  
(Please Print)

Address: \_\_\_\_\_  
Street City Zip

Phone Number(s): \_\_\_\_\_ Date of Application: \_\_\_\_\_

**Is this student requesting athletic participation ?** YES \_\_\_\_\_ NO \_\_\_\_\_

**Endorsement from District Level Athletic Director:**

\_\_\_\_\_

\_\_\_\_\_

Signature - District Level Athletic Director

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*FOR USE BY AREA (SOUTH, CENTRAL, NORTH) ASSISTANT SUPERINTENDENT'S OFFICE ONLY*

**Recommendation:** Submitted for Board Approval \_\_\_\_\_ Signed: \_\_\_\_\_

**Needs Board action:** \_\_\_\_\_ Date of Board Meeting: \_\_\_\_\_

**Falls within current Board Policies:** \_\_\_\_\_ Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

**ZONING WAIVER CONDITIONS**

Please read and **SIGN** to complete the Zoning Waiver application. These are expectations for all students in our District's schools.

**Zoning Waivers have conditional approval by school principals. The conditions for approval are as follows:**

1. The child will arrive at school at the appropriate time.
2. Attendance will be regular.
3. The child will be picked up at the appropriate time.
4. The child will adhere to the student code of conduct.
5. Students from "Out-of-County" must follow the provisions of Okaloosa County School Board Policy 4-3.
6. Parent(s) will participate in regularly scheduled classroom parent activities (conferences, etc)
7. Transportation to and from school is the responsibility of the parent(s) / family.
8. The Zoning Waiver (MIS Form 4033) must be completed and approved yearly.
9. All school requirements regarding emergency contact information and other important data should be accurate and regularly updated as necessary and required by the school.
10. In the event that classroom enrollment exceeds Class Size Reduction Amendment limits, then we will implement measures to reduce class sizes. This means that children who live in the "zoned area" will have first priority to remain in their assigned classroom.

If excessive violations of the above conditions occur, the Zoning Waiver may be withdrawn by the principal and the family must then enroll in their regularly "zoned" school. Principals will notify parents and counsel them that the waiver may be revoked before the waiver is revoked.

Your signature below indicates that you have reviewed and understand the above conditions.

\_\_\_\_\_

Parent Signature Date