09.11 AP.22 **STUDENTS** (CONTINUED)

Special Permission Attendance RequestIN DISTRICT- HOPKINS COUNTY SCHOOLS

2024 - 2025

Student's Name:				_
Address:		City	Zip Code	
Phone Numbers: (H)	(Cell)	(Work)	_
Parent/Guardian Names:				
Parent Address (if different):				_
Parent Place of Employment:				_
Grade child will be entering (nex	t school year):	School where yo	u live:	_
Current School You Attend:	Scho	ool Requested:		
Did student play any sport for Ho	pkins County Schools wi	thin the past year?	I YES □ NO	
If so, was it at the Varsity level?	□ YES □ NO			
Is your child currently in any type	e of Special Education Cl	ass? (Check one)	□ Yes □ No	
If yes, a copy of your child's IE a determining factor in grantin		his request form. (F	or placement purposes of	nly - not
NOTE: A copy of the most rece be attached to this form before or at your child's school. The p	a request will be conside	ered. This informati	on is available in Infinite	Campus
☐ Grade Information Attached		_	-	
Reason for Request:				_
 Special permission students wi Criteria used in the decision-noutstanding charges. Transportation will not be proved the transfers involving athletics with By-Laws. Your application will May 1, 2024. Questions may Madisonville, KY, 42431, 825- 	naking process by admin ided for special permissional be in accordance with a libe reviewed by the Direct be directed to Department	istrators are attendar on students. Kentucky High Scho ctor of Pupil Personn	ool Athletic Association (Fel, and decisions will be m	KHSAA) ailed by:
	pecial permission cannot a exceeds allowable state ☐ Student's attendance ☐ Date I	be granted at this tim guidelines, Student's behavior Denied:		
Director of Pupil Personnel Signa	ature:			

STUDENTS 09.11 AP.22 (CONTINUED)

Special Permission Attendance Request Out-of District - Hopkins County Schools 2024 - 2025

Student's Name:	Age: DOB:	
Address:		
School District you live in:		
Hopkins County School you desire to attend:	Grade child will	l 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	
Did student play any sport within the past year	r? □ YES □ NO	
If so, was it at the Varsity level? \square YES	□ NO	
Is your child currently in any type of Special	Education Class? (<i>Check one</i>)	□ Yes □ No
If yes, a copy of your child's IEP must be a determining factor in granting acceptance		ncement purposes only - not
NOTE: A copy of the most recent grade rebe attached to this form before a request w		
or at your child's school. The parent/guard	ian is responsible for obtaining and a	ttaching this information.
\square Grade Information Attached \square Attenda	ance Records Attached 🗖 Discipline	Records Attached
Reason I (we) desire to enroll in the Hopkins	County School District:	
 Special permission students will only be ac Criteria used in the decision-making procedutstanding charges. Transportation will not be provided for special transfers involving athletics will be in acc 	ss by administrators are attendance, actial permission students.	
By-Laws. Any student who transfers enro ineligible to participate in interscholastic at Your application will be reviewed by the Dire Questions may be directed to Department of P 825-6100 ext. 22502.	nletics for one (1) calendar year from the ctor of Pupil Personnel, and decisions wi	e date of transfer. ill be mailed by: May 1, 2024.
For Central Office Only: Date and Time Reco		
Unfortunately, your request for special permi ☐ Grade level/classroom exceeds all ☐ Student's grades ☐ Student's	owable state guidelines,	to the following;
Date Approved:		
Principal's Signature:		
Director of Pupil Personnel Signature:		

Review/Revised:1/30/2023