

Office Use Only

Date _____

Loc _____

Zone _____

Verified _____

Tipton County Magnet Schools

Intent to Return to Zoned School

2008-2009

Student Information

(Please Print)

NAME _____
Last First Middle

PHYSICAL ADDRESS _____ TN _____
Street City Zip Code

MAILING ADDRESS _____ TN _____
Street City Zip Code

DATE OF BIRTH ____ / ____ / ____ SOCIAL SECURITY # _____

GENDER MALE FEMALE HOME PHONE # _____

RACE/ETHNIC CATEGORY – *For statistical information only* – Check **ONLY** one:

- | | |
|--|--|
| <input type="checkbox"/> BLACK or AFRICAN-AMERICAN | <input type="checkbox"/> AMERICAN INDIAN or ALASKA NATIVE |
| <input type="checkbox"/> ASIAN | <input type="checkbox"/> HISPANIC or LATINO |
| <input type="checkbox"/> WHITE (NON-HISPANIC) | <input type="checkbox"/> NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER |

THE LEARNER CURRENTLY ATTENDS:

- Covington Integrated Arts Academy in the ____ grade
 Crestview Elementary Math, Science and Technology Magnet in the ____ grade
 Crestview Middle Math, Science and Technology Magnet in the ____ grade

THE LEARNER DOES NOT LIVE IN THE COVINGTON SCHOOL ZONE AND WILL RETURN TO HIS/HER ZONED SCHOOL FOR THE 2008-2009 SCHOOL YEAR.

Zoned School (subject to verification)

PARENT AGREEMENT

Please Note: This intent must be signed for consideration.

I understand that the information provided on this intent will be compared to the school system's records. Transfer requests made after August 19, 2008 must be approved by the Director of Pupil Services at the Tipton County Board of Education. If you need to make corrections after submitting this intent, please call your child's school. **INCOMPLETE INTENTS WILL NOT BE PROCESSED.**

SIGNED _____ RELATIONSHIP _____ DATE _____