

**Marshall County Schools**

**Request To Return To Zoned School**

Student Name: \_\_\_\_\_

School Currently Attending: \_\_\_\_\_

Zoned School: \_\_\_\_\_

Grade Level: \_\_\_\_\_ School Year \_\_\_\_\_

I hereby request approval to return to my regular zoned school (as listed above) for the \_\_\_\_\_ school year. **Request should be put in writing and submitted with this form by June 1. No request will be accepted after the deadline of two weeks prior to the beginning of the current school year.**

---

\_\_\_\_\_  
Student Signature Date

\_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_  
Address

**Principal review:**

I/ we have reviewed this request.

\_\_\_\_\_  
Current School Principal Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Zoned School Principal Signature

\_\_\_\_\_  
Date

**Final Action:**

Formally Approved and Recorded

\_\_\_\_\_  
Director of Schools / Attendance Supervisor

\_\_\_\_\_  
Date