

**Parent/Guardian is required to complete the information below for a Childcare request**

**BEFORE AND AFTER SCHOOL CHILDCARE PROVIDER INFORMATION**

Name of Childcare Provider: \_\_\_\_\_

Childcare Provider's Signature: \_\_\_\_\_

Childcare Provider's Address: \_\_\_\_\_

Childcare Provider's License No.: \_\_\_\_\_

Childcare Provider's Phone#: \_\_\_\_\_

**or**  
Childcare Provider's Relationship: \_\_\_\_\_

Circle: *before school* *after school* *overnight*

Circle day(s) care is provided *M T W T F S S*

**Mother or Court-Appointed Guardian  
Place of Employment**

**Father or Court-Appointed Guardian  
Place of Employment**

Employer's Name \_\_\_\_\_ Phone \_\_\_\_\_

Employer's Name \_\_\_\_\_ Phone \_\_\_\_\_

Employer's Address \_\_\_\_\_

Employer's Address \_\_\_\_\_

WORK DAYS: (Circle) *M T W T F S S*

WORK DAYS: (Circle) *M T W T F S S*

Work Hours: \_\_\_\_\_ to \_\_\_\_\_

Work Hours: \_\_\_\_\_ to \_\_\_\_\_

OVERTIME: (Circle) *No Yes*

OVERTIME: (Circle) *No Yes*

If yes, indicate amount/frequency \_\_\_\_\_

If yes, indicate amount/frequency \_\_\_\_\_

ROTATING SHIFTS: (Circle) *No Yes*

ROTATING SHIFTS: (Circle) *No Yes*

On Disability or Maternity Leave: (Circle) *No Yes*

On Disability or Maternity Leave: (Circle) *No Yes*

If yes, indicate approximate date of return \_\_\_\_\_

If yes, indicate approximate date of return \_\_\_\_\_

**Reminders to Parents/Guardians:**

- Parents/guardians are advised to explore childcare options in the home school attendance area until special permission is granted.
- County residents requesting a change in their school attendance area for the next school year must submit an application between February 1 and May 1 of the current school year. In order for an application for Special Permission to be considered after May 1, a parent/guardian must be able to document that the family situation has changed after May 1.
- The principal will render a recommendation by May 30. The principal will forward a copy of the special permission application with his/her recommendation to the Student Services Department.
- Written notification of the decision will be sent from the Director of Student Services to the applicant shortly thereafter.
- Requests for special permission may be granted if the school has adequate local rated capacity to accommodate the student, and if a specified approval circumstance is deemed to exist. If the request is granted, transportation to and from the assigned school will be the responsibility of the parent/guardian.
- Schools and/or grade levels may be "closed" when the projected enrollment exceeds preferred local rated capacity, as determined by the Deputy Superintendent of Schools. Requests for admission to a school/grade level considered "closed" will be subject to additional scrutiny and may be denied even if a valid approval circumstance is deemed to exist.
- If special permission is granted, it is for one school year only. A new special permission application must be completed and submitted annually.

**SPECIAL PERMISSION APPLICATION  
2020-2021 SCHOOL YEAR  
DUE BY MAY 1st**

(Please print all information clearly)

STUDENT NAME	STUDENT'S DATE OF BIRTH	GRADE IN 2020 - 2021	NAME OF SCHOOL REQUESTED	NAME OF SCHOOL IN YOUR DISTRICT

Date of application\*: \_\_\_\_\_ **\*If application is submitted after May 1, indicate reason for late submission:** \_\_\_\_\_

**Mother or Court-Appointed Guardian**

**Father or Court-Appointed Guardian**

Name \_\_\_\_\_

Name \_\_\_\_\_

Official Address \_\_\_\_\_  
House # and Street Name Apt. #

Official Address \_\_\_\_\_  
House # and Street Name Apt. #

City State ZIP Code

City State ZIP Code

And Mailing Address (if different than above) \_\_\_\_\_

And Mailing Address (if different than above) \_\_\_\_\_

Current Phone \_\_\_\_\_

Current Phone \_\_\_\_\_

Student Resides with (Name and Relationship):  
\_\_\_\_\_

School student currently or most recently attended:  
\_\_\_\_\_

Address and phone number of person with whom student resides: \_\_\_\_\_

**Reason for Request (reference WCPS Regulation JC-R):**

- Childcare - Parent(s) are employed and the student, under the age of 13, stays with a sitter who resides in the school attendance area of the school where special permission is being requested. **Complete** information on the back of this form.
- Our student will be entering grade 11 or 12 of a high school or grade 8 of a middle school or grade 5 of an elementary school where he/she is currently enrolled and attending.
- A specific program/course is not available in the home school. **List** the program/course: \_\_\_\_\_  
(Note: Magnet program does not require special permission.)
- We moved, but still reside in Washington County, and want our child to complete the school year at his/her current school.
- We plan to move into the school attendance area within 90 days of this request. **Attach** a lease or ownership contract that shows a completion or "move in" date.
- School boundaries have changed and our student is in the last year at a particular elementary or middle school, or in the last two years at a particular high school.
- Other significant hardship consideration. **Attach** a description of the significant hardship.

I AFFIRM THE INFORMATION PROVIDED IS IN FACT AND TRUTH VALID AT THIS TIME AND I WILL NOTIFY THE SCHOOL ADMINISTRATION OF ANY CHANGES, OR BE SUBJECT TO SIGNIFICANT PENALTIES.

I've attached a proof of residency dated within 90 days of this application

\_\_\_\_\_  
Signature of Parent or Guardian Date

**Parent - PLEASE RETURN THIS APPLICATION TO THE PRINCIPAL OF THE REQUESTED SCHOOL.**

**DO NOT WRITE BELOW THIS LINE - FOR WASHINGTON COUNTY PUBLIC SCHOOLS USE**

Application Reviewed by:  
Pupil Personnel Worker \_\_\_\_\_ Date \_\_\_\_\_ Comments: \_\_\_\_\_

Recommendation:  
Principal of Receiving School \_\_\_\_\_ Date \_\_\_\_\_  Approve  Deny

Comments: \_\_\_\_\_

Special Permission APPROVED/DENIED Due To \_\_\_\_\_

Director's Signature \_\_\_\_\_ Date \_\_\_\_\_