CMCSS K-12 Virtual 1312 Highway 48/13 Clarksville, TN 37040 Office: 931-553-1117 Email: virtualschool@cmcss.net





## REQUEST TO RETURN TO ZONED SCHOOL

PLEASE NOTE: UPON YOUR REGISTRATION AT CMCSS K-12 VIRTUAL SCHOOL ACKNOWLEDGEMENT WAS MADE THAT THE VIRTUAL SCHOOL COMMITMENT WAS FOR A FULL SCHOOL YEAR. REQUESTS WILL BE CONSIDERED ON A CASE-BY-CASE BASIS. APPROVAL IS NOT GUARANTEED.

To be completed by the parent/legal guardian and submitted to the office of K-12 Virtual:

Student Name:				
	(LAST)	(FIRS	-	(MIDDLE)
Age:	DOB:	Sex:	Current Gra	ade :
Zoned School:				
Home Address:	<u>:</u>			
Parent or Legal	Guardian's Name:			
Parent/Guardia	n's Email			
Phone Number	'S:	or		
Is your child red	ceiving special education ser	vices?		
Does the stude	nt have a 504 plan?			
disaster) A  • Psycholog Attach doc  • Medical: S  • Academic: as evidence  REASON FOR	y: Unforeseen family circums ttach documentation. ical: Serious emotional problementation. Gerious medical problems documentations The academic success of the ged by current academic performance.  REQUEST:	lems documented by psyc cumented by the physicia student will be in jeopard ormance.	chologist/psychiatrist n treating the child. <i>I</i> dy if the student rema	who is treating the student Attach documentation. ains in CMCSS K-12 Virtual,
Natural trail     I certify that I had	for a return to the tradition nations for transfer to the student of the student	udent's zoned school will l	be utilized to the grea	atest extent possible.
	uardian Signature		Date	
FOR OFFICE US	_			
Approved: Y	ES NO			
Effective Date:			Signature/Date	
	::			