

**HARFORD COUNTY PUBLIC SCHOOLS  
BOUNDARY EXCEPTION APPLICATION**

Student's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Student ID Number (if known) \_\_\_\_\_ Gender (M or F) \_\_\_\_\_ Grade applying for \_\_\_\_\_

Sibling with boundary exception (yes) \_\_\_\_\_ If yes, name \_\_\_\_\_ (no) \_\_\_\_\_

Applicant \_\_\_\_\_ Relationship to Student \_\_\_\_\_

*Applicant must be an adult legally recognized as responsible for the student (i.e. parent, caretaker, foster parent).*

Complete Address \_\_\_\_\_ (include city and zip code)

*If the above address is different from the one that the school currently has in your child's record, an updated proof of residency must be submitted (e.g. BGE statement showing the above address) along with this application.*

Home Phone	Work Phone	Cell Phone	Email
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Home School \_\_\_\_\_ Requested School \_\_\_\_\_

Requested School Year \_\_\_\_\_

Reason: (please check primary reason)

- |   |   |
|---|---|
| <input type="checkbox"/> A. Child Care (complete reverse side)            | <input type="checkbox"/> D. Child of HCPS Employee                      |
| <input type="checkbox"/> B. Curriculum (program of study for high school) | <input type="checkbox"/> E. Moved during current school year            |
| <input type="checkbox"/> C. Hardship (documentation required)             | <input type="checkbox"/> F. Continuity for completing grades 5, 8, & 12 |

\*Applications for kindergarten students will not be considered until after July 1 and require student to be enrolled in his/her home school prior to application being considered.

Please describe the reason why you are requesting to enroll your child in a school other than the home school. Please attach any pertinent information from other agencies or individuals that support your child's need for this boundary exception.

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**PLACE OF EMPLOYMENT**

**Name of Parent/Guardian 1 :** \_\_\_\_\_

Place of work \_\_\_\_\_ Hours \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

HCPS employee ID number \_\_\_\_\_ (if applicable)

**Name of Parent/Guardian 2:** \_\_\_\_\_

Place of work \_\_\_\_\_ Hours \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

HCPS employee ID number \_\_\_\_\_ (if applicable)

**Applicant, if not Mother/Father:**

Place of work \_\_\_\_\_ Hours \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

HCPS employee ID number \_\_\_\_\_ (if applicable)

**PLEASE COMPLETE REVERSE SIDE OF FORM**

**CHILD CARE PROVIDER VERIFICATION**  
**(TO BE COMPLETED BY PROVIDER)**

Name of Provider or Facility \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

\_\_\_\_\_ receives child care services on \_\_\_\_\_ at \_\_\_\_\_.  
(Name of Child) (Days of the Week) (Times)

Signature of Provider \_\_\_\_\_ Date \_\_\_\_\_ Relationship to Child \_\_\_\_\_

**NOTE: A Pupil Personnel Worker will call the Provider or Facility to verify the child care information as stated above is accurate.**

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*By signing this application, I attest the above information is true and accurate. \*If it is determined that information has been falsified the boundary exception will be revoked immediately.*

\_\_\_\_\_  
Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**If any of the conditions or circumstances on this application change, you MUST immediately notify the Pupil Services Office below:**

HAVRE DE GRACE PUPIL SERVICES OFFICE  
ATTN: MARIAH BACHMAN  
401 LEWIS LANE  
HAVRE DE GRACE, MD 21078  
410-939-6612

**The deadline for applications is June 1**

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**For Office Use Only**

PPW  Approved  Denied  Deferred

Receiving School Principal  Approved  Denied  Deferred Date: \_\_\_\_\_