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.

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<tr>
<th>Home Phone</th>
<th>Work Phone</th>
<th>Cell Phone</th>
<th>Email</th>
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Home School ___________________________ Requested School ___________________________
Requested School Year ___________________
Reason: (please check primary reason)
_____ A. Child Care (complete reverse side) _____ D. Child of HCPS Employee
_____ B. Curriculum (program of study for high school) _____ E. Moved during current school year
_____ C. Hardship (documentation required) _____ 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.
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
_______________________________________________________________________________________________

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.

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:

PATTERSON MILL PUPIL SERVICES OFFICE
ATTN: EVONNE BOROSKI
85 PATTERSON MILL ROAD
BEL AIR, MD  21015
410-638-4215

The deadline for applications is June 1

For Office Use Only

PPW  □Approved  □Denied  □Deferred

Receiving School Principal □Approved  □Denied  □Deferred  Date: ___________________________

Rev 12/13/19