Madison City Schools

School Year 2023-2024

ASSIGNMENT REQUEST FOR JOURNEY MIDDLE SCHOOL STUDENTS

Date:		

MIDDLE SCHOOL REZONE WAIVER FOR RISING 7th and 8th grade students only

Student Name(s): (List each student separat	ely	/)
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Last Name	First Name	Gender	504 Y/N	IEP Y/N	I-ELP Y/N	Grade for 2023-2024				
1										
2										
3										
4										
Name/Mailing Address of Person Completing Form										
Name:										
Current Address:										
City:		_State: Zip:				Zip:				
Cell Phone:		Work Phone:								
Email Address: (Require	·									
School Zone where stude	ent lives: JOURNEY M	IIDDLE SCI	HOOL							
MCS School to which stu	dent(s) request to be as	signed:								
By signing below, I understa	=	_	_		-					
to register when online reg address. I will also have to	•		-	-						
you are at the current addr	-			•	-	er is only applicable if				
Signatura										
Signature:	Date: Date:									
Madison City Schools' Use Only - Do not complete below this line										
Approved:		_Denied:_								
		Date:								
Superintendent or Representa	tive, Madison City Schools									

Submit completed application to Madison City Schools, Attn: Registrar, 211 Celtic Drive, Madison, AL OR email completed application to registrar@madisoncity.k12.al.us

All assignment requests must be received no later than 12/2/22 in order to be considered for approval.