

Jefferson County Schools

P. O. Box 190
Dandridge, TN 37725
(865) 397-3194

**Letter of Understanding
Out-Of Zone Residents Enrolling in School**

Date of request to enroll: _____

Time of request: _____

Enrollment date: _____

As of this date, I have enrolled my child, _____, in
the _____ School on a space available basis. I
understand that, in the event the principal determines that the school has become overcrowded,
my child may be asked to transfer out.

(Date)

(Signature of Parent/Guardian)

(Address of Student)

(Date)

(Signature of Principal)

(Date)

(Signature of Director of Schools)

Cc: Principal
Parent
Director of Schools