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ECS EMPLOYEE TUITION & OUT-OF-ZONE WAIVER ADMINISTRATIVE PROCEDURE (For use by teachers and classified staff)

Employee's Name _____

Circle Employee's School or System-Wide: **EHS** **TAD** **WSE** **HME** **ESE** **WELC** **SYS**

Home Address _____

Home Phone _____

*In accordance with board policy, children of teachers and classified staff may attend Elizabethton City Schools tuition-free. The Administrative Procedure shall use Tennessee Code 49-6-3113 as a guide, while affording non-certified employees the same privilege. For the purpose of understanding, the word "teacher" shall be defined as any certified or non-certified (classified) employee.

Dependents of teachers — Attendance of parent's school. —

(a) Notwithstanding any provision of this part to the contrary, if a parent of a student teaches at a school located outside the school system of their residence, the student may attend such school...

(b) (1) Pursuant to board policy, a parent or guardian teaching in the school system of the parent's or guardian's residence shall be allowed to enroll the parent's or guardian's child at the school where the parent or guardian teaches...

(2) If a teacher teaches at a grade or grades specific school and a child of that teacher is not within that age group, that teacher's child shall be eligible to attend a school of appropriate grade within the LEA by which the parent is employed.

Assignment will be based on availability and shall not create overcrowding in a school. Employees shall designate their preference below. Please list the 1st, 2nd, and 3rd choice for elementary placement. (As stated above, elementary employee's children shall be allowed to attend the school where the parent is employed).

Fill in the information below and return to Felecia Baird by May 8, 2020. Please make sure you have your building principal's signature before returning.

Student Name	Grade Level in 2020-2021	School (List 1 st , 2 nd , 3 rd choice for elementary. Use check mark for others.)					
		EHS	TAD	ESE	HME	WSE	WELC

Principal's Signature _____ Date _____

Employee's Signature _____ Date _____