Cape Girardeau Public Schools
Employee Request for Enrollment Exception

☐ Employee living out of district
☐ Employee living out of attendance area

Parent Information:

Date of Request: _____
Effective Date Requested ☐Next School Year ☐Other: _____
Employee Name: _____
Address: _____
Street City
School of Employment: _____

Student Information:

Child's Name: _____
Current Grade: _____ Next School Year Grade: _____
If your child is an elementary student (K-4), please indicate a second choice.
I am requesting enrollment of my child at:
1st Choice: _____
2nd Choice: _____

Do not complete the information below this line.

Approved by: _____ _____
School Principal Date

_____ _____
Superintendent Date

If request is being made for more than one child, please complete an individual form for each child. If you live outside of the CGPS district and your employment with CGPS is terminated, you must enroll your child(ren) in the district of your residence. Please return completed form to the superintendent's office.

2/16/18