



Letter to Rescind
2019-2020 Out of District Request

To Whom It May Concern:

I wish to rescind the 2019-2020 Out of District Request for my child whose legal name is _____ and whose birth date is _____
currently attending _____ (Current School).

This letter is to Rescind the Out of District Request for:

(Name of School Rescinding) _____

I would like my child to attend: _____,
Start Date: _____. (I would like my student to start on this date at this school)

I understand that my child's 2019-2020 previously approved Out of District Request will not be considered and I must submit a new Out of District Request if I change my mind.

Full Legal Name of Parent/Legal Guardian: _____

Full Time Address: _____

City: _____ State: _____, Zip: _____

Signature of Parent/Legal Guardian Date: _____

(Adult with whom the child is living the majority of the school week)

Please submit this completed letter to:
Donna Bauman, Student Information Systems Assistant
Almon C. Hill Educational Center
136 Almon C. Hill Drive
Cumming, GA 30040
678-947-0863, ext. 312210
dbauman@forsyth.K12.ga.us