 Form JBCD-6

VICTIM OF VIOLENT CRIME REQUEST

**Forms may be faxed, mailed, hand delivered, or e-mailed to the Student Support office.**

P. O. Box 1088, Marietta, GA 30061 ● Fax: 678-594-8557 ● e-mail: studentsupport@cobbk12.org

|  |  |
| --- | --- |
| School Year: |  |

With the attached documentation, I am verifying that my child has been the victim of a violent crime as defined in Administrative Rule JBCD-R at school or at a school sponsored event. I am requesting that my child be allowed to attend another Cobb County school for this year. I understand that good behavior, acceptable attendance, acceptable academic progress and good home/school relationship are required in order for this to remain valid. I also understand that bus transportation is not provided.

**PLEASE PRINT OR TYPE**

|  |  |  |  |
| --- | --- | --- | --- |
| Student Name: |  | Student ID #: |  |

(can be found on report card & progress reports)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date of Birth: |  | Grade: |  | Age: |  | Gender: |  |

|  |  |
| --- | --- |
| Parent/Guardian Name: |  |

|  |  |
| --- | --- |
| Address: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Apartment Complex Name: |  | Apartment Number: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| City: |  | Zip: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Phone: Home: |  | Cell: |  | E-mail: |  |

|  |  |
| --- | --- |
| School student currently attending: |  |

Parent/Guardian Signature: Date:

**PLEASE DO NOT WRITE BELOW THIS LINE DISTRICT USE ONLY**

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Date Reviewed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Approved  Denied

Approved School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_