

Application for Special Attendance Permit

To be completed for students who wish to attend an ELEMENTARY or MIDDLE school other than the one in their attendance area.

Permit for School Year _____

Student ID: _____

Last Name: _____ First Name: _____ Initial: _____

Birthdate: _____ Sex of Student: Male Female Current Grade: _____

Parent/Guardian Last Name: _____ First Name: _____ Initial: _____

Home Phone: _____ Unlisted: Yes No Work Phone: _____ (Ext.) _____

Current Address _____ City _____ State _____ Zip _____

Current address is in the attendance area of: (if applicable) _____

Date family will move to new address: (if applicable) _____

Request permit to attend grade _____ at _____

School currently attending _____

Special Education: Yes No _____

Has the student experienced attendance and/or behavior problems? Yes No
(Comments)

Reason for Request

- To continue attendance at school where the student is already enrolled.
- To attend a school where a sibling will be attending during the requestion school year.
Full name of sibling _____
- To attend a school that is open for transfers.
- Other _____

Parent/Guardian Signature _____ Date _____

School Administrator Signature _____ Date _____

Comments _____

Part II: To be completed by Student Services.	
Approved	Condition(s) of Approval _____
Denied	<ol style="list-style-type: none">1. Enrollment is at capacity at the grade level requested.2. School is unavailable for transfer.3. Other _____4. Application was received after the deadline.
Student Services Administrator Signature _____	Date _____
Appeal: Approved Denied	
Student Services Administrator Signature _____	Date _____