

ELEMENTARY/ MIDDLE ATTENDANCE ZONE REQUEST

Request is for the _____ School Year**

Receiving Special Ed Services

Name of Student(s): _____ Grade Level: _____ YES NO

_____ YES NO

Parent/Guardian Name(s): _____

Address _____

City, State, Zip _____

Subdivision _____

Phone _____

School Child Should Be Attending: _____

Requested School of Attendance: _____

Reason for Request:

Daycare

Daycare Provider: _____

Address of Provider: _____

City, State, Zip: _____

Telephone No. _____

Subdivision: _____

Special Education Student (Accompanying recommendation from staff member required)

Medical (Written statement by licensed doctor, psychiatrist, psychologist, or social worker will be required to state explicitly the nature of the need and why the school transfer will be more beneficial to the student.)

Other (please explain below) *

(Please use reverse side for additional information)

*** Bus transportation is not provided for a student who transfers out of his/her own attendance area.
TRANSPORTATION IS THE RESPONSIBILITY OF THE PARENT.**

**** Attendance Zone Request Applications need to be submitted to the Assistant Superintendent for Administration and Personnel's Office annually for approval. Fax to: 815-577-1067.**