

Plainfield Community Consolidated School District 202

We prepare learners for the future.



Administration Center

15732 Howard Street
Plainfield, IL 60544

(815) 577-4000 – telephone

Web: www.psd202.org

Elementary / Middle School Attendance Zone Request

Request is for the _____ School Year

Name of Parent/Guardian: _____

Street Address: _____

City: _____ State: IL Zip Code: _____

Subdivision: _____

Home Phone: _____ Cell Phone: _____ Email Address: _____

Student Name	Grade Placement	Receiving Special Ed Services	School Child Should Be Attending	Requested School of Attendance
		Yes <input type="checkbox"/> No <input type="checkbox"/>		
		Yes <input type="checkbox"/> No <input type="checkbox"/>		
		Yes <input type="checkbox"/> No <input type="checkbox"/>		
		Yes <input type="checkbox"/> No <input type="checkbox"/>		
		Yes <input type="checkbox"/> No <input type="checkbox"/>		

Reason for Request:

Daycare *

Daycare Provider: _____ Phone Number: _____

Address of Provider: _____

City: _____ State: _____ Zip Code: _____

Subdivision: _____

I acknowledge that I am providing child care for the above named student(s) before and/or after school on a regular basis.

(Childcare Provider Signature)

Date

- 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) **

* Approved students for daycare reasons will return to their home high school upon completion of 8th grade.

** **TRANSPORTATION IS THE RESPONSIBILITY OF THE PARENT.**

Bus transportation is not provided for a student who transfers out of his/her own attendance area.

Return to: Administration and Personnel Office

15732 Howard Street, Plainfield, IL 60544 or fax to: 815-577-1067