DEADLINE: APRIL 15

VAN BUREN SCHOOL DISTRICT
2221 Pointer Trail East ... Van Buren, Arkansas 72956
(479) 474-7942 .. Fax (479) 471-3146

1.31F1 Application for Attendance Area Exception

All sections must be completed in a readable form before approval will be considered

Student Information (Complete one form for each student)		
Student Name:		Date:
Parent/Guardian Name (Print):		
Current address:		
City:	State:	ZIP Code:
Phone: ( )	Email:	2018-2019 Grade:
Does the student require special needs or programs: ☐ Yes ☐ No		
Incoming Kindergarten ONLY:		
Does the student have a sibling currently attending the requested school? ☐ *Yes* ☐ *No*		
(If yes, list name/grade)		

School Information

(Choose only one) ☐ For the (current) _____ School year
☐ For the (next) __2018 - 2019___ School year

From _____ **To** _____
(School student should be attending) (School student is applying to attend)

Reason for changing attendance area: *Please keep explanation brief. If more space is needed use back.

Signature

Parent Signature:	Date:

State of Arkansas County of Crawford
Subscribed and sworn to me this _____ day of _____ 20_____.

_____
Notary Public
My Commission Expires: _____

Approved

Site Principal _____ Date: _____

Assistant Superintendent of Schools _____ Date: _____

Superintendent of Schools _____ Date: _____

Upon approval student transportation will be the responsibility of the parent.

Application for the Fall term will be accepted from March 1 through April 15th.
Final placement decisions for the next school year will be made between the first (1st) and fifth (5th) day of the Fall term.

REVISED: Thursday, February 22, 2018