



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: <input type="checkbox"/> Yes <input type="checkbox"/> 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) 2018 - 2019 School year
 For the (next) _____ 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:
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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.