



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

Student Information (Complete one form for each student)

Student Name:		Date:
Parent/Guardian Name (Print):		
Current address:		
City:	State:	ZIP Code:
Phone: ()	Email:	2019-2020 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) 2019-2020 School year

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

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

Signature

Parent Signature: _____ Date: _____

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

State of Arkansas County of Crawford

Subscribed and sworn to me this _____ day of _____ 20_____.

Notary Public

My Commission Expires: _____

Approved

_____	Date: _____
Site Principal	
_____	Date: _____
Deputy Superintendent/Student Services Director	
_____	Date: _____
Superintendent of Schools	

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.