

DEADLINE: April 15 VAN BUREN SCHOOL DISTRICT

2221 Pointer Trail East, Van Buren, Arkansas 72956 (479) 474-7942 Fax (479) 471-3146

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:			
Does the student require special needs or	r 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				
For the	3	school year	Grade:	
1 of the			Glaue.	- 1
From		То		
(School student is zoned to attend)		'	(School student is applying to att	end)
Reason for changing attendance area *Please keep explanation brief. Use back if more space is needed.				
Reason for changing attendance area	*Please keep ex	planation brief. U	se back if more space is neede	d.
Cinnatura				
Signature				
Parent Signature:			Date:	
Upon approval, student transportation will be the responsibility of the parent.				
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Approved				
Approved				
Site Principa	al		Date	
-				
Deputy Superintendent/Student Services Director				
4,3,24,2,22				
Superintendent of Schools		Date		

Application for the fall term will be accepted from March 1 through April 15.

Final placement decisions for the next school year will be made between the first (1st) and fifth (5th) day of the fall term.