



DEADLINE: April 15th

VAN BUREN SCHOOL DISTRICT

2221 Pointer Trail East ... Van Buren, Arkansas 72956

(479) 474-7942 .. Fax (479) 471-3146

2024 - 2025

Application for Attendance Area Exception

PLEASE PRINT CLEARLY

Student Information (Complete one form for each student)

Student Name: _____ Date: _____

Parent/Guardian Name: _____

Current address: _____

City: _____ State: _____ ZIP Code: _____

Phone: () _____ Email: _____

Does the student require special needs or programs: Yes No

If YES, list or describe: _____

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 **2024-2025** School Year _____ Grade

From _____ To _____

(School student is zoned to attend) (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: _____

Principal Signature: _____ Date: _____

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

Approved

Deputy Superintendent/Student Services Director _____ Date: _____

Superintendent of Schools _____ Date: _____

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.