



1.31F1--APPLICATION FOR ATTENDANCE AREA EXCEPTION

Complete one form for each student

*Date: _____

* _____
Student's Name (Print clearly)

* _____
Parent(s)/Guardian (Print clearly)

*Address: _____
(Print Clearly)

*City: _____

*Zip Code: _____

*Telephone: _____

*Current Grade: _____

Attendance area exceptions are for one (1) school year, and must be submitted on an annual basis.

Select only one of the following school years: For the (current) _____ School year.
 For the (next) _____ School year.

* From _____ School
(School student should be attending)

* To _____ School.
(School student is applying to attend)

Final placement decisions for the next school year will be made between the first (1st) and fifth (5th) day of the Fall term. Reason for changing attendance area: * Please keep explanation of reason brief and within the lines provided below.

I the undersigned do hereby swear or affirm that all information is true and correct. I understand that presenting inaccurate, misleading, or untrue data may constitute fraud and may be subject to prosecution.

* _____
Parent's Signature

State of Arkansas County of _____

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

* _____
Notary Public
My commission expires _____.

* All highlighted entries must be completed in a readable form before approval will be considered.

Approved by: Site Principal _____	Date _____
Assistant Superintendent of Schools _____	Date _____
Superintendent of Schools _____	Date _____