



DEADLINE: May 5th

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:	2020-21 Grade:
School Information			
(CHOOSE ONLY ONE) <input type="checkbox"/> For the (current) _____ School year			
<input checked="" type="checkbox"/> For the (next) <u>2020-2021</u> 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.

Approved	
_____ Site Principal	_____ Date:
_____ 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.