



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:
Does the student require special needs or programs: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Incoming Kindergarten ONLY:	
Does the student have a sibling currently attending the requested school? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>(If yes, list name/grade)</i>	
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.