Harrisonburg City Public Schools Attendance Zone Waiver Request

This waiver form should be completed if you want your child to attend a school different from the one in the school attendance zone in which you reside for the upcoming/current school year. This form may be submitted at any time; however, priority will be given for requests submitted by June 15.

This Attendance Zone Waiver should be	completed for each student in your family re	equesting a waiver.
Student Last Name:	Student First Name:	-
Address:		
Parent/Guardian Name:		
Phone Number:	E-mail Address:	
Student's Current Grade Level:	School Zone in Which Student Curi	rently Resides
School Currently Attending:		
School Requested:	This request is for the	school year
 Parent(s) are responsible for traschool on time and be picked unthe Superintendent.) The student's behavior and acades. This approval is contingent on a will contact you as soon as possed. This approval is on an annual behavior and acades. 	ransportation for their student(s) to and from up from school on time each day. (If transport demic effort will meet school expectations. classroom space and class size requirements. sible.	n school. Students must arrive to rtation is a concern, please contact If a change becomes necessary, we t's unique circumstance. (You may ances include temporary housing,
Parent Signature:		Date:
Office Use Only:		
Student Name:	Student Number:	
Received:	Approved: yes no	
Principal's Signature:	Date:	
Superintendent's/Designee's Signature:		