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 requesting 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 Currently Resides_____

School Currently Attending: _____

School Requested: _____ This request is for the _____school year

Attendance Zone Waiver Requests should be submitted to your child's *current* school principal for consideration. Decisions will be reviewed by the Superintendent's office. *Completing this form does not guarantee that the request will be approved. The decision by the Superintendent of Schools or designee is the final decision.*

If this waiver request is approved, the following conditions will apply:

1. **<u>Parent(s) are responsible for transportation for their student(s) to and from school</u>. Students must arrive to school on time and be picked up from school on time each day.** (If transportation is a concern, please contact the Superintendent.)
2. The student's behavior and academic effort will meet school expectations.
3. This approval is contingent on classroom space and class size requirements. If a change becomes necessary, we will contact you as soon as possible.
4. **This approval is on an <u>annual</u> basis.**

Please state below your reason for this waiver request, explaining your student's unique circumstance. (You may attach a separate sheet if more space is needed.) Examples of unique circumstances include temporary housing, specialized programs, unique medical requests and/or school administration initial placements.

_____

_____

_____

Parent Signature: _____ Date:_____

Office Use Only:

Student Name: _____ Student Number: _____

Received: _____ Approved: yes no

Principal's Signature: _____ Date: _____

Superintendent's/Designee's Signature: _____ Date: _____