

**REQUEST TO ATTEND SCHOOL
OUTSIDE ATTENDANCE ZONE/ASSIGNMENT**
(Only requests made by parent or legal guardian will be considered.)

DATE: _____

SCHOOL YEAR 20__--20__

Parent/Child Information

Child's Name _____

DOB _____

Grade _____

Parent/Guardian _____

Phone _____

Parent Address _____

Name of School child is zoned to attend _____

Name of School you wish for your child to attend _____

Reason for Request _____

Parent Signature

SCHOOL OFFICE USE ONLY

Date Received _____

Time Received _____

Principal's Action

Temporarily approved Approved Denied

Notification to Parent on _____

Notes:

Date

Principal