Staunton City Schools

Application for Attendance under Special Permission

School Year ____ - _____

☐ Are you a Staunton City School Staff Member?

Please note that the following criteria will be reviewed in making a decision on your request: reason for your request, space availability in class/program requested, student attendance record, student discipline record, student academic record, and space on the designated bus route (if in-district use of the transportation system is requested).

Student Information (PLEASE PRINT)

Student #1

Name_____
LAST FIRST MIDDLE

Date of Birth_____ School child should attend: _____ Grade _____ School desired _____

Please list any special classes, programs or services requested/required:_____

_____

Student #2

Name_____
LAST FIRST MIDDLE

Date of Birth_____ School child should attend: _____ Grade _____ School desired _____

Please list any special classes, programs or services requested/required:_____

_____

Student #3

Name_____
LAST FIRST MIDDLE

Date of Birth_____ School child should attend: _____ Grade _____ School desired _____

Please list any special classes, programs or services requested/required:_____

_____

FOR OFFICE USE ONLY

STUDENT #1
CLASS/PROGRAM SIZE_____
TARDIES_____
ABSENCES_____
DISCIPLINE_____
ACADEMICS_____
RECOMMENDATION_____

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STUDENT #2
CLASS/PROGRAM SIZE_____
TARDIES_____
ABSENCES_____
DISCIPLINE_____
ACADEMICS_____
RECOMMENDATION_____

****

STUDENT #3
CLASS/PROGRAM SIZE_____
TARDIES_____
ABSENCES_____
DISCIPLINE_____
ACADEMICS_____
RECOMMENDATION_____

Parent/Guardian Information

Parent/Guardian _____ Telephone Number _____

Home Address _____

Check below the reason(s) for your request:

_____ 1. Parent/Guardian is an employee of Staunton City Schools.
Employee's name and work location: _____

_____ 2. Child Care
Child Care Provider's Name, Address & Telephone:_____
_____

_____ 3. Other - please explain:_____
_____
_____

Are you requesting transportation within the requested district? NO_____ YES_____

If YES, please indicate address: Requested A.M. pick-up:_____

Requested P.M. drop-off:_____

I understand and agree that if this request is approved: school administration expects parental support in all situations; my child(ren) must be at school on time each day; there should be no discipline or attendance problems; transportation will NOT be provided to out-of-district locations; any tuition fees must be paid in full before my child(ren) may attend classes, attendance under special permission is a privilege and my child(ren) becomes subject to all policies, regulations and guidelines of the school division, including the Code of Student Conduct; and, that failure to adhere to those policies, regulations and guidelines will result in denial of attendance privileges and loss of any tuition fees paid.

*Parent/Guardian Signature*_____*Date*_____

NOTE: A new application must be completed for each school year. Applications for the next school year must be received in the Superintendent's Office no later than the 1st Friday in May, with responses provided as soon as possible thereafter. (Kindergarten requests may take longer.) Applications received after the 1st Friday in May will not be processed until August. Mid-year requests for the current school year will be processed as received.

Please send this form to: Dori Walk, Executive Director of Instruction, Staunton City Schools, Staunton, VA 24401

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