

Staunton City Schools

Application for Attendance under Special Permission

School Year ____ - ____

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|---|
| <input type="checkbox"/> Are you a Staunton City School Staff Member? |
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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) | FOR OFFICE USE ONLY |
|---|---|
| Student #1 Name _____ Date of Birth _____ LAST School child should attend: _____ FIRST Grade _____ MIDDLE School desired _____ Please list any special classes, programs or services requested/required: _____ _____ | STUDENT #1 CLASS/PROGRAM SIZE _____ TARDIES _____ ABSENCES _____ DISCIPLINE _____ ACADEMICS _____ RECOMMENDATION _____ ***** |
| Student #2 Name _____ Date of Birth _____ LAST School child should attend: _____ FIRST Grade _____ MIDDLE School desired _____ Please list any special classes, programs or services requested/required: _____ _____ | STUDENT #2 CLASS/PROGRAM SIZE _____ TARDIES _____ ABSENCES _____ DISCIPLINE _____ ACADEMICS _____ RECOMMENDATION _____ ***** |
| Student #3 Name _____ Date of Birth _____ LAST School child should attend: _____ FIRST Grade _____ MIDDLE School desired _____ Please list any special classes, programs or services requested/required: _____ _____ | 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.