



**Jennings County School Corporation
34 Main Street
North Vernon, IN 47265**

Phone: (812) 346-4483

Fax: (812) 346-4490

Director of Programs

**Waiver of School Attendance Area
Request Form**

Date Received _____

The purpose of this form is to request that your child/children attend an elementary school within the Jennings County School Corporation other than the school that serves the attendance area of the child's legal residence. Parents or legal guardians are responsible for providing all transportation to and from school. If any effort is made to circumvent a decision when a waiver has been denied, the child will be returned to enroll in their appropriate home school.

Please be certain to complete this form entirely in order to receive full consideration of your waiver request. **This form must be submitted no later than April 1.**

Part I – To be completed by the Parent/Legal Guardian

PLEASE PRINT

1. Name of Parent/Legal Guardian _____

2. Address _____
Street/Road City/Town Zip Code

3. Township _____ Phone _____

4. Name(s) of child/children in family (please list all children)

Name (full) Age Current Grade

If additional space is required, please list the additional children on the reverse side of this page.

5. Elementary School district of your legal residence: _____

6. Elementary School presently attending (if any): _____

7. Elementary School you wish your child to attend: _____

8. Please list any and all reasons you are submitting this request for waiver of the child's legal attendance area. If the request is medically related, a full and complete statement signed by a licensed physician must accompany this request form. *Statements signed by a physician's assistant, nurse practitioner, or nurse will not be accepted.*

a) _____

b) _____

c) _____

If additional space is required, please continue on the reverse side of this page.

9. If you have questions or require assistance completing this form, please call (812) 346-4483.

10. As the parent/legal guardian of the child/children listed on this request, I understand that this transfer, if approved, may be temporary and my child/children may be required to return to the school of our attendance area if overcrowding or other factors influencing the educational program or the student's well-being makes the transfer no longer feasible.

11. This form can be returned to the main office at your child's school or mailed to the address listed above.

Parent/Guardian Signature

Date