



GREATER ESSEX COUNTY DISTRICT SCHOOL BOARD
ELEMENTARY OUT OF DISTRICT ATTENDANCE APPLICATION FORM

TO BE COMPLETED BY PARENT OR GUARDIAN
AND SUBMITTED BY THE PRINCIPAL
TO THE SUPERINTENDENT RESPONSIBLE FOR ACCOMMODATIONS
BY MAY 1 FOR SEPTEMBER OF THE SAME YEAR

**Any inaccuracy in the application will result in the student
 being required to attend their designated school**

Student name _____ DOB _____

Full Address _____ City _____

Postal Code _____ Telephone _____

Home School by Residence _____ Current grade _____

Requested School (**ONE ONLY**) _____

Reason for Request _____

Confirmation by Sending Principal (Signature) _____

I UNDERSTAND THAT TRANSPORTATION WILL NOT BE PROVIDED BY THE BOARD AND WILL
 BE THE RESPONSIBILITY OF THE PARENT/GUARDIAN

PARENT/GUARDIAN SIGNATURE _____

PARENT NAME (**PLEASE PRINT**) _____ DATE _____

FOR OFFICE USE ONLY

TO BE COMPLETED BY SCHOOL PERSONNEL Student is receiving special education
 programs or services (please comment below).

Student is currently receiving services from
 Community agencies

Comment or Concern _____

SIGNATURE OF RECEIVING PRINCIPAL _____

Decision of Superintendent _____

Signature _____ Date _____

Date entered in Student Information System
 by receiving school _____ by _____