PCPS
PAGE COUNTY PUBLIC SCHOOLS

For Central Office use only:
Date received:_____
Date notified:_____

APPLICATION FOR ATTENDANCE WAIVER – RESIDENT STUDENTS

All PCPS students are expected to attend the school zoned for where they live. Exceptions may be made for families whose childcare resides in another zone, for PCPS employees who work at other schools, and, rarely, for other extenuating circumstances. However, if approved, please note that no special or extra transportation will be provided to the requested school. A separate form is required for each student and must be submitted annually.

Current Zoned School:_____ **Requested School:**_____

Waiver Status: Select one of the scenarios and fill in the required information.

☐ **I am a PCPS employee** Position:_____ Location:_____

☐ **Childcare is in the requested school zone**

Sitter's Name:_____ Phone: (_____)_____

Sitter's Address:_____

Street City Zip

☐ **Other** Provide a brief statement explaining your extenuating circumstances.

_____

_____

_____

Student Full Name:_____ Current Grade Level:_____ Date of Birth:_____

Student Address:_____

Street City Zip

Parent/Guardian Name:_____ Relationship:_____

Phone: (____)_____ ☐Home ☐Cell ☐Work Parent Email:_____

I certify that the information stated on this application is complete and accurate. I accept responsibility for this student as indicated to the terms and requirements as set forth by Page County Public Schools. Among other reasons, waivers may be denied for unacceptable attendance, behavioral, or academic performance. Principals' signatures below indicate having reviewed this application; final approval will be determined by Central Office.

Parent/Legal Guardian Signature:_____ Date:_____

Principal Signature:_____/_____ Principal Signature:_____/_____

Zoned School Date Requested School Date

(To be filled out by current school administration relevant to the current academic school year)

ABC's of Good Standing

Attendance: Absences____ Late Arrivals____ Early Dismissals____

Behavior: Infractions____ Type of Infractions_____

Coursework: Courses Passed____ Overall academic performance_____

For Central Office Use Only: ☐ Approved ☐ Not Approved

Signature:_____ Title:_____