## LAWRENCE PUBLIC SCHOOLS

SCHOOL YEARR	REQUEST	FORM
--------------	---------	------

For Office Use:	•
	_Initial
	Date

## LATE REQUEST

MaleFemaleBIRTH_DAT	E/	New
		Address Change
SCHOOL:		Textbooks Only _
ADDRESS:	TOWN:	Switch
SCHOOL TELEPHONE:	ZIP CODE:	5-year-old 
SCHOOL HOURS:	FRIDAY HOURS:	4-year-old
***PARENT PLEASE SUPPLY SCH	OOL CALENDAR (ENGLISH)***	Calendar provided
MOTHER/GUARDIAN:		
CELL: ( )	EMAIL:	· .
FATHER/GUARDIAN :		
OF11 / \	EMAIL:	
CELL: ( )		
EMERGENCY CONTACT:		

Applications will <u>not</u> be honored after April 1, including change of schools.

Late requests will be considered if *no additional costs* to district are incurred.

Transportation eligibility is based on current District mileage limits as follows:

Kindergarten: All Ride Grades 1-5: ½ mile Grades 6-8: 1 mile Grades 9-12: 1 ¼ mile Schools beyond 15 miles will be denied

<b>Parent Signature</b>	<b>Date</b>	
•	-	

## Late Registration Request

Student Last Name:	First Name	:	M/F
Student Birth Date:/			
Parent/Guardian Name:		l:	
Address:	Town:		Zip:
Phone: Home: ( )	Cell 1: ( )	Cell 2: ( )	<u></u>
School Name/Address:			Grade:
			_
Explanation: Please submit an ex			_ ,
April 1st deadline. Please submit	t this document in-person to t	he Transportation Off	ice.
<del></del>			
			<del></del>
		·····	
	· · · · · · · · · · · · · · · · · · ·	-	
Parent/Guardian Signature:		Date:	