

SCHOOL DISTRICT OF LA CROSSE



BOUNDARY EXEMPTION REQUEST

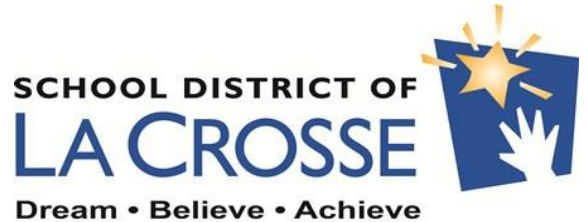
INSTRUCTIONS FOR COMPLETING & SUBMITTING FORM:

To the Parent: Complete this form if you are a district resident and wish to attend a school other than your boundary school. Requests will be reviewed weekly. Please complete a separate sheet for each child. **Return the completed form to the school you wish to attend or the district registrar's office.**

- Elementary
 Middle
 High

GENERAL INFORMATION		
Student's Name (exemption is being requested for)	Student's Date of Birth	Student's Current Grade
Parent Name	Current Address (include City/State Zip)	Phone
E-Mail Address		
Name(s) and ages of younger siblings who have not yet entered this school		
Attendance boundary school (based on your address)	School currently attending	
School requesting to attend	Check box if request is to complete current school year only <input type="checkbox"/>	Date moved (applicable for elementary request only)
Reason for request to change (please attach any documentation or further description of hardship, extenuating circumstance, or reason for request)		
Is this student receiving special education services? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this student receiving ELL (English Language Learners)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If approved, the following expectations apply: <ol style="list-style-type: none"> 1. The family is responsible for transportation. 2. The student will follow school rules, have regular attendance, and put forth adequate effort to meet academic expectations. 3. This boundary exemption will be made through the career of the child at each grade level (elementary, middle, high) unless otherwise stated below or district boundaries are redrawn. 		
Parent Signature	Date	
<i>The School District of La Crosse does not discriminate against pupils on the basis of sex, race, religion, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation, or physical, emotional or learning disability or handicap in its education programs or activities.</i>		
PLEASE DO NOT WRITE BELOW THIS LINE (for district use only)		
Desired School Attendance Principal(s) Signature	Middle & High School Only: Boundary School Principal(s) Signature	
Decision of Review Team <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date:		
Comments		For school use only (Skyward Tag)

SCHOOL DISTRICT OF LA CROSSE
VERIFICATION OF RESIDENCY/ADDRESS CHANGE



In order to verify residency within the La Crosse School District, one current document from the following list must be provided. Said documents must show the parent/guardian/caregiver name and address (or legal resident if applicable). Past due bills are not acceptable for verification.

Student(s) residing at the new address (Include all students in the family affected) Date of occupancy

New Street address City State Zip

Old Street Address (existing students only) City State Zip

Name of legal resident (if not yourself) Current school New school (if applicable)

- Escrow papers, mortgage book/statement
HUD-1 settlement statement or deed
Homeowner's association fees statement
Lease Agreement/Rental Contract and current rent receipt
Gas/electric bill Water/sewer bill Trash bill Property tax bill Cable/internet bill
Verification of Social Services (SSI, AFDC, Medi Cal)
Letter on apartment complex/mobile home park letterhead, signed by the landlord, stating that parent/guardian/caregiver lives there (mandatory with 2nd Family Affidavit)

I, (print name) the parent/guardian/Caregiver/other* of the student(s) listed above verify our residency at the address indicated on this form and attached verification. I agree to notify the school or registrar within two weeks if residency changes and agree to provide a new residency proof and updated signed statement at that time.

Warning: Falsification of any information or document required for residency verification or the use of the address of another person without actually residing there may result in revocation of student enrollment.

Parent/Guardian/Caregiver/Other* Signature Date

* "Other" indicates "Persons living with another family", second verification form required.

FOR SCHOOL USE ONLY:

The attached document/s show/s the name and address of the person/s enrolling the above named student. If not the parent, court papers are required for guardianship, foster license for foster parent, caregiver affidavit for caregiver.

Signature of school official: Date

Staff notes/comments: