

### APPLICATION FOR SPECIAL ATTENDANCE PERMIT

To be completed for students who wish to attend an ELEMENTARY or MIDDLE school other than the one in their attendance area.

Department of Student Services  
Lincoln Public Schools

PERMIT FOR SCHOOL YEAR \_\_\_\_\_

PLEASE PRINT

- Special Attendance Permits approved at the time of application may continue in effect during the student's enrollment in his/her requested school or for a minimum of one semester.
- Reapplication is necessary if address changes.
- The school district does not provide transportation for students attending a school on a Special Attendance Permit.
- A Special Attendance Permit may be revoked when adjustment or attendance at school is unsatisfactory.

**PART I: To be completed by parent/guardian and returned to the school where student is currently attending or to Department of Student Services, Lincoln Public Schools (LPS) District Offices, P.O. Box 82889, Lincoln, NE 68501.**

LPS Student No. _____	Last Name _____	First _____	Initial _____
<small>(if known)</small>			
LPS Family No. _____	Birthdate: Mo. ____ Day ____ Yr. ____	Sex of Student <input type="checkbox"/> M <input type="checkbox"/> F	Current Gr. Level _____
<small>(if known)</small>			
Parent/Guardian Last Name _____	First Name _____	Initial _____	
Home Phone Number _____	Unlisted <input type="checkbox"/> Yes <input type="checkbox"/> No	Work Phone _____	(Ext.) _____
Current Address _____	City & State _____	Zip _____	
Current address is in the attendance area of _____ school			
New Address (if applicable) _____	City & State _____	Zip _____	
New address is in the attendance area of (if applicable) _____ school			
Date family will move to new address: (if applicable) _____			
Request permit to attend grade _____ at _____ school			
School currently attending _____			
Special Education:	<input type="checkbox"/> Yes <input type="checkbox"/> No _____		
Has the student experienced attendance and/or behavior problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No (Comments) _____		
<b>Reasons for Request</b>			
<input type="checkbox"/> To continue attendance at school where the student is already enrolled.			
<input type="checkbox"/> To attend a school where a sibling will be attending during the requested school year.			
Full name of sibling _____			
<input type="checkbox"/> To attend a school that is open for transfers.			
<input type="checkbox"/> Other _____			
Parent/Guardian Signature _____	Date _____		
School Administrator Signature _____	Date _____		
Comments _____			

<b>PART II: To be completed by Student Services.</b>	
Approved	A. <input type="checkbox"/> B. <input type="checkbox"/> D. <input type="checkbox"/> Other <input type="checkbox"/>
Condition(s) of Approval	_____
Denied	1. <input type="checkbox"/> Enrollment is at capacity at the grade level requested.
	2. <input type="checkbox"/> School is unavailable for transfer.
	3. <input type="checkbox"/> Other _____
	4. <input type="checkbox"/> Application was received after the deadline.
Student Services Administrator Signature _____	Date _____
Appeal: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Student Services Administrator Signature _____	Date _____

Appeals may be made on applications that are denied by making a written request to the Director of Student Services within 14 calendar days of the date on the denial notification.