

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 _____
(if known)

LPS Family No. _____ Birthdate: Mo. ____ Day ____ Yr. ____ Sex of Student M F Current Gr. Level _____
(if known)

Parent/Guardian Last Name _____ First Name _____ Initial _____

Home Phone Number _____ Unlisted Yes 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: Yes No _____

Has the student experienced attendance and/or behavior problems? Yes No (Comments) _____

Reasons for Request

To continue attendance at school where the student is already enrolled.

To attend a school where a sibling is attending during the time this application was submitted.
 Full name of sibling _____

To attend a school that is open for transfers.

Other _____

Parent/Guardian Signature _____ Date _____

School Administrator Signature _____ Date _____

Comments _____

PART II: To be completed by Student Services.

Approved A. B. D. Other

Condition(s) of Approval _____

Denied

- Enrollment is at capacity at the grade level requested.
- School is unavailable for transfer.
- Other _____
- Application was received after the deadline.

Student Services Administrator Signature _____ Date _____

Appeal: Approved 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.