

EASTON AREA SCHOOL DISTRICT
Easton, PA

When you have completed this form, **mail** the request to: Administration Building, 811 Northampton Street, Easton, PA 18042 **OR** leave it with the receptionist or school secretary. **You will receive notification of approval/denial by mail. Thank you.**

REQUEST FOR
"SPECIAL PERMISSION"
PLACEMENT

All requests must be renewed at the beginning of EACH SCHOOL YEAR.

I am requesting "special permission" placement for: [list name(s) and grade level(s) of child/children:]

| | |
|------------------------|------------------------|
| Name _____ Grade _____ | Name _____ Grade _____ |
| - | |
| Name _____ Grade _____ | Name _____ Grade _____ |
| - | |

to attend the _____ Elementary School for the _____ - _____ school year, rather than the _____ Elementary School. The reason for this "special permission" placement request is:

Give name, address, and phone number of baby-sitter, day care, or nursery school

(✓check one:)

- Baby-sitter (*see note)
- Day Care: (*see note)
- Nursery School: (*note)
- Other:

providing these services:

Provider's Name: _____

Provider's Address: _____

Provider's Phone Number: _____

If "Other", give reason: (Attach additional notes, if necessary)

*** PLEASE NOTE THAT IN THE EVENT THERE IS A CHANGE IN THE BABY-SITTING OR DAY CARE/NURSERY SCHOOL SITUATION, YOUR CHILD/CHILDREN WILL BE RETURNED TO THE "HOME" SCHOOL.**

| | |
|------------------------|---------------------------------|
| Parent/Guardian: _____ | Date of Request: _____ |
| Address: _____ | Your Phone (Home): _____ |
| | Numbers: (Work): _____ |

* * * * *

You realize that should your request be approved, your child's/children's transportation to and from school, or the nearest existing bus stop (if there is room on the school bus), will be solely your responsibility.

* * * * *

(FOR OFFICE USE ONLY) Receiving School's recommendation: _____

Above "special permission" placement request is: Approved Denied

Reason for denial:

| | |
|--|---|
| <input type="checkbox"/> Does not meet district guidelines | <input type="checkbox"/> Class size exceeds recommended numbers |
| <input type="checkbox"/> Poor Attendance history | <input type="checkbox"/> Other _____ |

Date: _____ Signature of District Official: _____

Copies: Parent/Guardian; Receiving School; Home School; File

(Rev. 5/2003)

