



DEADLINE: April 15th

VAN BUREN SCHOOL DISTRICT

2221 Pointer Trail East ... Van Buren, Arkansas 72956

(479) 474-7942 .. Fax (479) 471-3146

**2025 - 2026
Application for Attendance Area Exception**

PLEASE PRINT CLEARLY

Student Information (Complete one form for each student)			
Student Name:			Date:
Parent/Guardian Name:			
Current address:			
City:		State:	ZIP Code:
Phone: ()		Email:	

Resident of the Van Buren School District: <input type="checkbox"/> Yes <input type="checkbox"/> No
School Choice or Board to Board application on file: <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the student require special needs or programs: <input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, list or describe:

Incoming Kindergarten ONLY:
Does the student have a sibling currently attending the requested school? <input type="checkbox"/> Yes <input type="checkbox"/> No
(If yes, list name/grade)

School Information
For the 2025 - 2026 School Year _____ Grade
From _____ To _____
(School student is zoned to attend) (School student is applying to attend)

Reason for changing attendance area: *Please keep explanation brief. Use back if more space is needed

Signature	
Parent Signature:	Date:

Principal Signature:	Date:
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Upon approval student transportation will be the responsibility of the parent.

Approved	
_____ Deputy Superintendent/Student Services Director	Date:
_____ Superintendent of Schools	Date:

**Application for the Fall term will be accepted from March 1 through April 15th.
Final placement decisions for the next school year will be made between the first (1st) and fifth (5th) day of the Fall term.**