



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:

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 3rd 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.**