



**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:	
<b>Resident of the Van Buren School District:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>School Choice or Board to Board application on file:</b> <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 <b>2025 - 2026</b> 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 3<sup>rd</sup> through April 15<sup>th</sup>.  
Final placement decisions for the next school year will be made between the first (1<sup>st</sup>) and fifth (5<sup>th</sup>) day of the Fall term.**