



Kodiak Island Borough School District

Request for Attendance Area Exemption

cc: Home School
 cc: Requested School
 Original to Central Services
For School District Use Only

This form is to be completed by parents/guardians who wish to enroll their child in a school outside of their attendance area. Granting of exemptions is limited. These requests must specify the parent concerns and will be reviewed by district administrators. Exemptions are granted on an annual basis for individual students. Exemptions for any siblings will be evaluated on their own merits. All exemptions are subject to program and space availability within the schools. Decisions on boundary exemption requests will be given to parents/guardians no later than 3 days before school starts.

Student's Name: _____
 Student's Grade Level: _____
 Student's Street Address: _____
 Parent's/Guardian's Name: _____
 Home Phone Number: _____
 Date of Request: _____

PLEASE CHECK THE INFORMATION FOR YOUR ATTENDANCE AREA:

My child lives in the attendance area checked below:

- | | |
|---|---|
| <input type="checkbox"/> East Elementary School | <input type="checkbox"/> Chiniak School |
| <input type="checkbox"/> Main Elementary School | <input type="checkbox"/> Kodiak Middle School |
| <input type="checkbox"/> North Star Elementary School | <input type="checkbox"/> Kodiak High School |
| <input type="checkbox"/> Peterson Elementary School | |

I am requesting that an exemption to be granted for him/her to attend:

- | | |
|---|---|
| <input type="checkbox"/> East Elementary School | <input type="checkbox"/> Chiniak School |
| <input type="checkbox"/> Main Elementary School | <input type="checkbox"/> Kodiak Middle School |
| <input type="checkbox"/> North Star Elementary School | <input type="checkbox"/> Kodiak High School |
| <input type="checkbox"/> Peterson Elementary School | |



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I am requesting that an exemption be granted for him/her to attend for the following reason:

- My child has an acute and documented medical condition that requires him/her to be close to the parent's work or emergency care providers.
- My child's current classroom placement in grades K-3 exceeds 25* students and a classroom in the other school is less than 20 students, or my child's current classroom placement in grades 4-6 exceeds 30* students and a classroom in the other school is less than 25 students. (*As a District we have attempted to maintain a class size maximum of 25 students in grades K-2 and a maximum of 30 in grades 3-6.)
- Other _____

- o I am requesting this exemption because: _____

I understand that it will be my responsibility to provide for my child's transportation to and from school if this exemption is granted. Bus transportation may be provided on existing routes on a space available basis. **Please initial.**

I also understand that the exemption decision is for one year only, and that decision will be given to parents/guardians the week before school starts. **Please initial.**

Signature of Parent/Guardian

Date

For School District Use Only:

Signature of School Principal – Residence Attendance Area

Date

Signature of School Principal – Requested Attendance Area

Date

Signature of Superintendent

Date

Decision: Approved Denied

Parent/guardian notification date: _____