



**FOR OFFICE USE ONLY**

Reviewed	_____		_____	_____
			Principal, Assigned School Zone	Date
Approved	_____	Disapproved	_____	_____
			Principal, Requested School Zone	Date
Approved	_____	Disapproved	_____	_____
			Director of Special Education (if needed)	Date
Transportation Available	_____	Transportation Unavailable	_____	_____
			Director of Transportation	Date

\*\*\*If this zone waiver request is disapproved, please use the space below to state reason(s):

**Your request for a change of attendance zone is:**

\_\_\_\_\_ **APPROVED**

\_\_\_\_\_ **DISAPPROVED**

\_\_\_\_\_  
Director of Student Services

\_\_\_\_\_  
Date

**ADOPTED:** 1998

**REVISED:** February, 2002  
March 10, 2009

**CROSS REFERENCES:** JCA Change in Attendance Zones  
JCA-R Change in Attendance Zones