

**SCHOOL BOARD OF LEVY COUNTY
SPECIAL ATTENDANCE REQUEST FORM**

Directions for parent(s)/legal guardian(s): Please complete the Special Attendance Request Form (one student per form) and return all copies to the Principal's office and/or designee's office. When a decision is made, a copy of the form will be mailed to you. *****(Please Print)**

Date: _____ Please Check: New Request Repeat Request

School Year Requested: 20 _____ - 20 _____ Grade (For School Year Requested): _____

Name of Student: _____ Date of Birth _____

Name of Parent(s)/Legal Guardian(s): _____

Street Address: _____
City Zip Code

Street Address is zoned for: _____
School County

Mailing Address (if different): _____
City Zip Code

Home Phone: (_____) _____ Business Phone: (_____) _____

Presently enrolled in: _____
School County

Approval is requested to attend: _____
School County

Reason for request: _____

Do you have children attending another school? _____

If so, what school(s) _____

Transportation: The approval, if granted, will be with the understanding that the parent(s)/legal guardian(s) are responsible for providing transportation.

***** All Special Attendance authorizations may be revoked for violations of the Levy County Code of Student Conduct.**

Signature of Parent(s)/Legal Guardian(s): _____

In-County Special Attendance Request

Out of County Special Attendance Request

Receiving School Principal's Approval Signature - Date
 Approved Not Approved

Receiving School Principal's Approval Signature - Date
 Approved Not Approved

Superintendent Date

Superintendent Date

APPROVED

NOT APPROVED