

**ELIZABETHTOWN AREA SCHOOL DISTRICT  
PARENT/GUARDIAN REQUEST FOR ALTERNATIVE BUILDING PLACEMENT**

Please complete and return to the address listed below by August 1, 2011.

Send to:

*Gayle Navratil*

*Student Records/Registration*

*Elizabethtown Area School District*

*600 East High St.*

*Elizabethtown, PA 17022*

*Fax: 717-361-1842*

**Request for Exception for the 2011-2012 School Year**

Date \_\_\_\_\_

Student's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Present School \_\_\_\_\_ Present Grade \_\_\_\_\_

Grade your child will be in during the 2011-2012 school year \_\_\_\_\_

Parent/Guardian Names \_\_\_\_\_

Address \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_

**Requested School** \_\_\_\_\_

Other school aged siblings:

Name: \_\_\_\_\_

Building Attending (Assigned): \_\_\_\_\_ Grade Level \_\_\_\_\_

Reason for Request: (Please be specific)

- **Please note that you are not entitled to place your child in a school outside of your geographical area. The District may, however, grant requests based upon the availability of space, class sizes and other factors. *If your request is granted, transportation to and from the school will be your sole responsibility.***
- **The District retains the right to rescind exceptions granted up to the first day of school.**
- **You will be notified as to the status of your request by mid-August.**

Parent/Guardian Signature \_\_\_\_\_