

### APPLICATION FOR SPECIAL ATTENDANCE PERMIT

To be completed for students who wish to attend an ELEMENTARY or MIDDLE school other than the one in their attendance area.

Department of Student Services  
Lincoln Public Schools

PERMIT FOR SCHOOL YEAR \_\_\_\_\_

PLEASE PRINT

- Special Attendance Permits approved at the time of application may continue in effect during the student's enrollment in his/her requested school or for a minimum of one semester.
- Reapplication is necessary if address changes.
- The school district does not provide transportation for students attending a school on a Special Attendance Permit.
- A Special Attendance Permit may be revoked when adjustment or attendance at school is unsatisfactory.

**PART I: To be completed by parent/guardian and returned to the school where student is currently attending or to Department of Student Services, Lincoln Public Schools (LPS) District Offices, P.O. Box 82889, Lincoln, NE 68501.**

LPS Student No. \_\_\_\_\_ Last Name \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_\_  
(if known)

LPS Family No. \_\_\_\_\_ Birthdate: Mo. \_\_\_\_ Day \_\_\_\_ Yr. \_\_\_\_ Sex of Student  M  F Current Gr. Level \_\_\_\_\_  
(if known)

Parent/Guardian Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Unlisted  Yes  No Work Phone \_\_\_\_\_ (Ext.) \_\_\_\_\_

Current Address \_\_\_\_\_ City & State \_\_\_\_\_ Zip \_\_\_\_\_

Current address is in the attendance area of \_\_\_\_\_ school

New Address (if applicable) \_\_\_\_\_ City & State \_\_\_\_\_ Zip \_\_\_\_\_

New address is in the attendance area of (if applicable) \_\_\_\_\_ school

Date family will move to new address: (if applicable) \_\_\_\_\_

Request permit to attend grade \_\_\_\_\_ at \_\_\_\_\_ school

School currently attending \_\_\_\_\_

Special Education:  Yes  No \_\_\_\_\_

Has the student experienced attendance and/or behavior problems?  Yes  No (Comments) \_\_\_\_\_

**Reasons for Request**

To continue attendance at school where the student is already enrolled.

To attend a school where a sibling is attending during the time this application was submitted.  
 Full name of sibling \_\_\_\_\_

To attend a school that is open for transfers.

Other \_\_\_\_\_

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

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School Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_

**PART II: To be completed by Student Services.**

Approved A.  B.  D.  Other

Condition(s) of Approval \_\_\_\_\_

Denied

- Enrollment is at capacity at the grade level requested.
- School is unavailable for transfer.
- Other \_\_\_\_\_
- Application was received after the deadline.

Student Services Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_

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Appeal:  Approved  Denied

Student Services Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_

Appeals may be made on applications that are denied by making a written request to the Director of Student Services within 14 calendar days of the date on the denial notification.