

# FALL RIVER PUBLIC SCHOOLS

"The Scholarship City"

Student Registration & Parent Center - 360 Elsbree Street, Fall River, MA 02720

Meg Mayo-Brown, Superintendent

Barbara Allard, Director

## SPECIAL PERMIT FORM

This form is to be used for seeking approval to attend a middle school other than the one which your son/daughter is being assigned. Please complete this form, along with the required documentation, and return to Barbara Allard, Student Assignment & Parent Information Center, 360 Elsbree, Fall River MA 02720 by **June 15, 2012**. Applications received after this deadline, or with incomplete documentation will result in failure to be considered and approval denied. Decisions will be mailed out to families on July 1, 2012.

### Identifying Information (please print)

Student Name: \_\_\_\_\_ Parent's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Present Elementary School: \_\_\_\_\_ Present Grade: \_\_\_ 5<sup>th</sup> Grade Teacher: \_\_\_\_\_

My child is receiving Special Needs Services \_\_\_Yes \_\_\_No (If Yes, Placement by SPED Middle School Supervisor)

My child is enrolled in (Check) \_\_\_Band \_\_\_Chorus \_\_\_String

My Child is enrolled in an English Language Learners (Bilingual) Class: \_\_\_ Yes \_\_\_No

Middle School to which student has been assigned: \_\_\_\_\_

Middle School requested: \_\_\_\_\_ Date of Application: \_\_\_\_\_

### Reason for Request

Please be as specific as possible as to your reason for making this request. Some reasons will have higher priority than others. Any reason stated MUST be accompanied by documentation which must be attached to this form. (Ex. tax/rental receipt to verify address or location of daycare provider, a note from a guidance counselor to verify that a sibling attends particular school, a note from a physician in cases of medical hardship or anything else which you believe will verify your claim.) In addition, applicants may be visited by a school counselor or attendance officer to verify information provided on this form.

Comments: (Feel free to attach a letter to this form in addition to required documentation)

\_\_\_\_\_  
\_\_\_\_\_  
.....

For Office Use Only Priority Category \_\_\_\_\_ Date Evaluated \_\_\_\_\_

Dear Mr. /Mrs.

After evaluation of your request for special permission to attend a Middle School other than the one to which your son/daughter has been assigned, a Special Permit is hereby: \_\_\_GRANTED \_\_\_DENIED at this time. This decision was based upon the number of slots available to each Middle School and the priority category that was assigned as a result of the reasons given and documentation provided. Please note that in RARE cases a permit may be revoked for those students who are accepted in a lower priority category. If this occurs a parent would be informed during the first three weeks of school.

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_