

# FALL RIVER PUBLIC SCHOOLS

*"The Scholarship City"*

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

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*Meg Mayo-Brown, Superintendent*

*Siobhan Ryan, 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 Siobhan Ryan, Student Assignment & Parent Information Center, 360 Elsbree Street, Fall River by **June 24, 2016**. Applications received after this deadline or with incomplete documentation will result in failure to be considered and request denied. Decisions will be mailed out to families by mid-July.

### Identifying Information (please print)

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

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Present Elementary School: \_\_\_\_\_

Present \_\_\_\_\_ 5<sup>th</sup> Grade Teacher: \_\_\_\_\_

Grade: \_\_\_\_\_

My child is receiving Special Needs Services \_\_\_ Yes \_\_\_ No (If Yes, placement is made 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. utility bill to verify address, location of after school 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 support your request). 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: \_\_\_\_\_