



ALTERNATE SCHOOL ATTENDANCE

St. Michael – Albertville Independent School District 885

SECTION 1: STUDENT INFORMATION

Student Last Name		Student First Name		Date	I am a resident of District #885	
					<input type="checkbox"/> YES	<input type="checkbox"/> NO If no, list district #: _____
Current Grade 20/21	Current School 20/21	Neighborhood School	Requested School 20/21			

SECTION 2: PARENT/GUARDIAN INFORMATION

Primary Legal Parent/Guardian- Head of Household 1			Primary Legal Parent/Guardian- Head of Household 2		
Relationship to Student			Relationship to Student		
Full Name (Legal)			Full Name (Legal)		
E-Mail			E-Mail		
Address Same As Child	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Address Same As Child	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Address			Address		
City, State, Zip			City, State, Zip		
Primary Phone Number			Primary Phone Number		
Cell Phone Number			Cell Phone Number		
Work Phone Number			Work Phone Number		

SECTION 3: QUALIFYING EVENT

- Parent/guardian requests to have a child in first through fifth grade attend an alternative assigned school because childcare is located in another attendance area. Skip to Section 4 (Child Care must be within the STMA boundary)
- Siblings of students who are assigned to an alternative attendance school because of educational programs. Skip to Section 5 (Sibling of Student)
- Parent/guardian is an employee of the school district and requests to have a child attend school where the employee is employed. Skip to Section 6 (ISD 885 Employee)
- Parent/guardian moves from the assigned boundary attendance area where the child is attending school and requests to have a child continue to attend the current neighborhood school. Skip to Section 7 (Acknowledgements)
- Parent/guardian is deployed for a military assignment and requests to have a child continue to attend the current neighborhood school. Skip to Section 7 (Acknowledgements)

SECTION 4: CHILDCARE

Full Name of Child Care Provider	Full Address of Child Care Provider
Child Care Provider Assigned School	

SECTION 5: SIBLING OF STUDENT

List Full Name of Sibling(S) Attending REQUESTED School	List Grade of Sibling(s) Attending REQUESTED School

SECTION 6: ISD 885 EMPLOYEE

ISD 885 Employee Name	Building Assignment

SECTION 7: ACKNOWLEDGEMENTS

I attest that I am the parent/guardian of the student named above and have I have reviewed ISD 885 Policy 552 "Alternate School	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Attendance” and understand that there may not be space in the requested school.		
I understand that if my request is approved, my requested school becomes my child's assigned school and will expire upon completion of the last grade level at the elementary or middle school.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I understand that siblings are not guaranteed approval to an assigned alternate school under this policy.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I understand that parent/guardians accept the responsibility for transportation. Transportation may be provided if the child care is within the assigned school boundary.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I understand that transfers may be revoked for tardies and absences due to transportation.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I understand that the superintendent's decision is final and appeals will not be heard by the school board.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I declare that the information contained in this application is true and I understand falsification of the information invalidates this request.	<input type="checkbox"/> YES	<input type="checkbox"/> NO

SECTION 8: PARENT SIGNATURE

Parent/Guardian Signature:	Date:
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SECTION 9: SUPERINTENDENT SIGNATURE

Superintendent Signature:	Date:
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APPROVED	NOT APPROVED
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