

**New Castle Community School Corporation**

**REQUEST FOR SPECIAL ELEMENTARY STUDENT  
ATTENDANCE AREA PLACEMENT  
2022 – 2023 School Year**

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

Student Name: \_\_\_\_\_ Grade 2022-2023 \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

From: \_\_\_\_\_  
(School in My Area of Residence)

To: \_\_\_\_\_  
(School of Requested Special Placement)

Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that class size, academic effort, attendance, transportation, reasonable behavior, and complete parent cooperation are a part of this placement, and failure in any one of these areas may result in a return to the attendance area of residence.

Confirmation of Request by Parent or Guardian's Signature:  
\_\_\_\_\_ Date: \_\_\_\_\_

Approval by initial attendance area Principal:  
\_\_\_\_\_ Date: \_\_\_\_\_

Approval by receiving Principal:  
\_\_\_\_\_ Date: \_\_\_\_\_

Conditions of Agreement (if any) \_\_\_\_\_

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**Special Placement decisions will not be made until the start of the school year.**