

New Castle Community School Corporation

**REQUEST FOR SPECIAL ELEMENTARY STUDENT
ATTENDANCE AREA PLACEMENT
2023 – 2024 School Year**

Date: _____

Student Name: _____ Grade 2023-2024 _____

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) _____

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