



For Office Use Only!
<i>Date Sent to Bus. Office/School Principal:</i>
<i>Date Supt. Office</i>
<i>Date Rec'd SS:</i>

ZONE VARIANCE APPLICATION
2017-2018 SY
DUE PRIOR TO - June 1st

PLEASE READ - prior to filling out this application.

Applications for each school year will be reviewed in August after school enrollments for the year can be projected with some degree of accuracy. If class and school enrollments allow – requests may be granted for extenuating circumstances or a history of problems in which the safety and welfare or, the social adjustment of a student is considered to be paramount. **You will receive written notice of this decision mid August.**

Your child MUST meet the criteria listed above in order for your application to be reviewed.

Please state reason for request:

<u>STUDENT'S NAME</u>	<u>GENDER</u>	<u>RACE</u>	<u>GRADE</u>	<u>NEIGHBORING SCHOOL</u>	<u>SCHOOL REQUESTED</u>

PARENT INFORMATION – only one (1) signature required

FATHER'S SIGNATURE: _____ **DATE:** ____/____/____

MOTHER'S SIGNATURE: _____ **DATE:** ____/____/____

LEGAL GUARDIAN'S SIGNATURE: _____ **DATE:** ____/____/____

ADDRESS: _____ **CITY** _____ **STATE** _____ **ZIP** _____

PHONE (____) _____ - _____

Please send application by mail or email directly to:

Princeton Public Schools
 Office of Student Services
 25 Valley Road,
 Princeton, NJ 08540 **OR** christinacalabrese@princetonk12.org

A PLACE FOR LEARNING

The Princeton Public Schools is an Equal Opportunity/Affirmative Action Employer