



FRANCIS HOWELL SCHOOL DISTRICT
801 Corporate Centre Drive, O'Fallon, MO 63368
Phone: 636-851-4076 / Fax: 636-851-4090
BOUNDARY EXCEPTION REQUEST

Assignment of students in attendance areas other than their own is strongly discouraged. Requests will be considered when a student is presented with sufficient obstacles that would impair success at the school in their attendance area. Requests will be approved **only** if this need exists.

Please note:

- **Transportation services will not be provided** if students attend outside their designated attendance area.
- All boundary exceptions must be renewed **annually**. Due to capacity concerns, the district cannot guarantee the same school placement in subsequent years. There is also **not** a guarantee that incoming siblings will be approved.
- Boundary Exceptions will **not** be approved for athletic reasons. If a request is submitted for another reason and it is discovered it was for athletic reasons, the approval will be immediately revoked.

COMPLETE THIS FORM AND SUBMIT TO:

Dr. Holly Broadway-Yates-Director of Student Services

Kate O'Neal—Administrative Assistant kathleen.oneal@fhdschools.org

Student is currently on a Boundary Exception

Name of Student _____

ID Number _____ Student's Current Grade _____

Address _____

City _____ Zip Code _____

Home School Attendance Area _____ Requested School _____

Parent(s) Name _____ Phone (C) _____ (W) _____

Parent(s) Email _____

Statement of Parent:

I request that the above-named student be reassigned to a school out of their regular attendance area for the current or upcoming school year. Reasons for desiring a special assignment are as follows: (attach additional pages if necessary) **Note: Attach all supporting documents/statements from appropriate professional personnel** (school, medical, social, psychological, etc...).

SIGNATURES OF PARENT/GUARDIAN REQUIRED

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

FOR DISTRICT USE ONLY

Attendance _____ Behavior _____ Grades/GPA _____ Other _____

Approved Denied Superintendent/Designee Signature _____ Date _____

Employee Status Verified (if applicable) _____ School Notified _____ Parent Notified _____ Departmental Initials _____