

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 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 exact school placement in subsequent years. There is also **no** 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 that it was for athletic reasons, the approval will be **immediately revoked**.
- **The student must maintain an acceptable academic standard, a 90% or above attendance, and fewer than five office referrals.**

COMPLETE THIS FORM AND SUBMIT TO:

Dr. Dan Harmon, Director of Student Services

Kate O'Neal - Administrative Assistant - Kate.ONeal@fhdschools.org

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 _____

The student is currently on a Boundary Exception. Yes _____ No _____

The student is currently, and/or plans on participating in extracurricular activities.
Yes _____ No _____

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 ARE 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 _____ School Notified _____ Parent Notified _____ ECAs _____

Updated 7/26