

VIGO COUNTY SCHOOL CORPORATION
TERRE HAUTE, INDIANA

File: JCA-EE

OFFICE USE:
Date Received _____

VIGO COUNTY SCHOOL CORPORATION
ELEMENTARY PERMIT APPLICATION

To be completed by parent/guardian

Student Name _____ Grade _____

Parent/Guardian name(s) _____

Address _____ Phone _____

Residential school district _____

Please consider a permit for my child to attend the following school

This permit request is needed because (please check appropriate reason):

_____ day care or baby sitter

Name of caregiver _____

Address _____ Phone _____

	Employer/School	Phone	Work/School Hrs
Father:	_____	_____	_____
Mother:	_____	_____	_____

- _____ future residential district (must produce supporting evidence)
- _____ educational*
- _____ legal agency recommendation*
- _____ medical*
- _____ physical*
- _____ psychological/emotional*

* reasons followed by an asterisk must be accompanied with a current written recommendation by a specialist in the field.

In order for this permit application to be considered, written rationale from the parent/guardian MUST be included. Please state your reason(s) below: (additional paper may be used if necessary)

Parent/Guardian signature _____

Date _____

Receiving and sending principals will confer before permit recommendation.

VIGO COUNTY SCHOOL CORPORATION
TERRE HAUTE, INDIANA

File: JCA-EE

Student Name _____

ID# _____

Receiving school use only

Recommended permit status:

approved

The following conditions for permit apply:

- positive attendance history
- appropriate behavior expectations
- enrollment
- other

denied

Basis for recommendation:

Receiving school principal's signature _____

Date _____

FORWARD TO SENDING SCHOOL PRINCIPAL
Sending School Use Only

Sending School _____

I have read the permit application and potential receiving school administrator's recommendation and feel that the permit status recommendation should be:

approved

denied

Basis for denial:

Sending school principal's signature _____

Date _____

FORWARD TO VCSC PERMIT COMMITTEE (EDUCATION CENTER)
If other than c,d,e as addressed in parameters (JCA-R)

Permit Committee Decision:

approved

denied

Recommendation comments:

Committee member signature _____ Date _____

cc: Student Services

VIGO COUNTY SCHOOL CORPORATION
TERRE HAUTE, INDIANA

File: JCA-EE

VCSC SECONDARY PERMIT REQUEST FORM - I
(Policy JCA-R)

Please read with care the parameters and procedures accompanying the policy before filing this request.

I/We attest that our request for _____
student name
to attend _____ is for:
school

A-Educational Needs ###/*** _____

B-Physical or Psychological Needs ###/*** _____

C-Government Agency Request _____

D-Purchasing/Building/Home in/Different Attendance District ###/*** _____

E-Change of Educational Guardianship ### _____

F-Adjustment of School Enrollment ### _____

There has been _____ - has not been _____ - UNDUE INFLUENCE by ANYONE upon us to make this request.

This request is _____ - is not _____ - for athletic reasons.

My child - will _____ - will not _____ - participate in athletics during the first year of attendance. (If you marked "will" and your child will be a freshman you must fill out the Indiana High School Athletic Association form that is enclosed.)

On the back of this form, provide complete written reasons for this request (attach additional pages as necessary).

*** - Written substantiation, from a specialist in the area of concern, in the form of an affidavit, must accompany this request.

parent/guardian signature _____ date

STATE OF INDIANA

SS: _____

COUNTY OF VIGO

Before me, a Notary Public in and for said County and State, personally appeared _____ who acknowledged the execution of the foregoing Permit Request, and who, having been duly sworn, stated that ALL representations therein contained are true.

Witness my hand and Notarial Seal this _____ day of _____, 19_____

My commission expires:

Signature _____
Printed _____, Notary Public
Resident of _____ County, Indiana

VCSC SECONDARY PERMIT REQUEST FORM - II

(Policy JCA-R)
(Procedure C)

STATEMENT OF SUBSTANTIATION BY A SPECIALIST IN THE AREA OF CONCERN

_____ Student Name _____ Parent Name

This request is for:

A-Educational Needs _____ B-Physical or Psychological Needs _____

D-Purchasing/Building/Home in/Different Attendance District _____

_____ specialist signature _____ date

STATE OF INDIANA

SS: _____

COUNTY OF VIGO

Before me, a Notary Public in and for said County and State, personally appeared _____ who acknowledged the execution of the foregoing Permit Request, and who, having been duly sworn, stated that ALL representations therein contained are true.

Witness my hand and Notarial Seal this _____ day of _____, 19 _____

My commission expires:

Signature _____
Printed _____, Notary Public
Resident of _____ County, Indiana