

DOWAGIAC UNION SCHOOL DISTRICT
OUT-OF-BOUNDARY REQUEST
2024-25

Date _____

Student Name _____ Age _____

Current Building Attending _____ Grade _____ Grade 2024-25 yr. _____

Parent/Guardian Name _____

Address _____ Telephone Number _____

My home Boundary School is _____, but I am requesting
(Name of School)

permission for my child to attend _____ instead.
(Name of alternative elementary school)

Reason for out-of-boundary placement: _____

Does your child receive any special support services? (Title 1, Speech, Special Education, Bilingual, etc.)

Approved Denied

Reviewed by _____ Date _____

Rationale: _____

PROCEDURE FOR OUT OF BOUNDARY REQUEST

1. Complete district form and mail back to either Central Office at 243 S. Front Street or mail or drop off at the elementary building.
2. Please understand that should your request be approved, transportation for your child (children) will be your responsibility. You may utilize district bus stops for your approved boundary request that are close to your residence. Transportation must be notified if you will be taking advantage of a bus stop.
3. Out of Boundary Requests are reviewed **annually**; therefore, you must apply **each** year for approval. Class sizes change in our buildings based on family moves into the building area/district and moves out of the district.
4. Approvals will be granted only when:
 - a. The district can be reasonably assured the requested school has ample classroom space to accommodate your request.
5. Once again out of boundary requests will be considered **each year**.

/zmichael