



**FARMINGTON MUNICIPAL SCHOOLS
SECONDARY STUDENT
ATTENDANCE WAIVER REQUEST
FORM**

New Waiver
Renewal Waiver

School Year: _____

Instructions to Parents:

Students in the Farmington Municipal Schools District will normally attend the school in the zone where the parent or legal guardian lives. The administration and Board of Education have established the following conditions and priorities for other students who wish to attend a school outside their established attendance zone (pursuant to NMSA 22-1-4). The Open Enrollment Act requires that a free public school education be available to any school-age person who is a resident of New Mexico and who has not received a high school diploma or its equivalent. This policy does not apply to students who are not New Mexico residents. The Board retains the discretion to determine whether the school district has sufficient accommodations to offer enrollment to students who are not New Mexico residents.

Requests to attend a school outside of a student's attendance zone must be completed between **January 1st and April 30th** for the subsequent school year. These requests must be completed annually. There is no guarantee that the student may be re-enrolled each year. Program and space availability are reviewed annually and this determines the number of outside attendance zone waivers a school may approve. **Waivers will be reviewed after the submission period and acted upon in a timely manner.**

NO waivers will be approved for schools if they have reached 95% capacity in classes, grade levels or total enrollment.

Student Name: _____ DOB _____ Current Grade: _____

Grade Level for which Waiver is requested _____

Physical Address: _____ Phone: _____

Mailing Address: _____

School Currently Attending: _____

School Requesting: _____

PLEASE PRINT Parent/Legal Guardian Name: _____ PLEASE

PRINT Email Address _____ Parent/Legal Guardian Signature &

relationship: _____ District Employee: YES NO If YES, please

state location: _____ Parental Statement of Reason for Waiver Request (If additional space is needed, please use back of form or attach additional paper):

____ Does this student intend to participate in any competitive extracurricular activities? (**Secondary only**) YES NO

(If YES, please list activities)

____ the Athletic Office to complete the required NMAA paperwork to participate.

NOTE: Please stop by

I understand that if my child becomes a problem due to attendance, discipline, academics, etc. this waiver may be revoked at the end of the semester. _____ (Initial)

PLEASE RETURN THIS FORM TO: FMS Central Office, 3401 E. 30th St. Ste. A., Farmington, NM 87402, Attn: Mr. Cody

Diehl Or Email to: mblades@fms.k12.nm.us

FOR OFFICE USE ONLY:

Waiver Approved: _____ Waiver Denied: _____

Signature of Requested School Principal: _____ Date: _____

Acknowledgement Signature of Attendance Area Principal: _____ Date: _____

Signature of Waiver Committee Chairperson: _____ Date: _____

WAIVER WILL NOT BE ACCEPTED WITHOUT THE FOLLOWING GRADES, ATTENDANCE AND DISCIPLINE