



**MOORHEAD**  
AREA PUBLIC SCHOOLS

**Independent School District 152**

**Probstfield Center for Education**

2410 14th St. S., Moorhead, MN 56560 • Fax: 218-284-3333

[www.moorheadschoools.org](http://www.moorheadschoools.org)

• Superintendent: 218-284-3330

• Assistant Superintendent: 218-284-3370

• Human Resources: 218-284-3350

**Attendance Area Exception Request Form**

**Administrative Procedure:** 510.2

**Date Adopted:** 6/28/1983

**Dates Reviewed:** 1/14/1992, 3/11/1996, 3/8/2004, 1/23/2012,  
2/23/2015, 4/11/2016, 12/12/2016

**Section:** 500 STUDENTS

**Date Revised:** 12/12/2016

**ATTENDANCE AREA EXCEPTION REQUEST FORM**

School Year: \_\_\_\_\_ Date Received: \_\_\_\_\_

Student's Name: \_\_\_\_\_  
(One name per request form)

Current Grade: \_\_\_\_\_

Parent(s)/Guardian(s) Name(s): \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
(street, city and zip code)

Now residing in \_\_\_\_\_ school area.

Request assignment to \_\_\_\_\_ school area.

Reason for request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If the reason for the request is due to daycare, please provide daycare contact information (name, address and phone number): \_\_\_\_\_

\_\_\_\_\_

(Continued)

I understand that when I request an attendance area exception for my child, I agree to the following conditions:

1. Parents/guardians are responsible for transportation to and from school.
2. Parents/guardians must resubmit an attendance area exception form for each school year that an attendance area exception is requested.

\_\_\_\_\_  
Parent(s)/Guardian(s) Signature(s)

\_\_\_\_\_  
Date

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(  ) APPROVED    (  ) DENIED

\_\_\_\_\_  
Signature - Receiving Building Administrator

\_\_\_\_\_  
Date

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(  ) APPROVED    (  ) DENIED

\_\_\_\_\_  
Signature - Originating Building Administrator

\_\_\_\_\_  
Date

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(  ) APPROVED    (  ) DENIED

\_\_\_\_\_  
Signature - District Administration

\_\_\_\_\_  
Date

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If denied, reasons: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_