



Central Bucks School District

Attendance Exception/Transfer Request Form

The following request is made in accordance with School Board Policy #206:

Student's Name _____ Parent's Name: _____

Address: _____

Telephone #: _____ Email: _____

Assigned School & Grade: _____

Requested School & Grade: _____

Explain the reason for the request and attach any pertinent information. **Residents who have moved within the district MUST update their address with Central Registration before any attendance exception will be considered.** If request is made for medical or emotional reasons, a current letter from the attending physician or therapist must be attached. **No provisions for transportation will be made by the district.**

Parents/Guardian's Signature _____
Date

Please return to the principal of your child's current school

Principal's Comments:

Principal's Signature _____
Date
(Forward to lrebstock@cbsd.org. No duplicates necessary)

Director of Student Services Comments:

Director of Student Services Signature Date