

**NEW LENOX SCHOOL DISTRICT 122  
2009-2010 BOUNDARY VARIATION APPLICATION  
\*\*\* June 1 Deadline \*\*\***

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**Student Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Parent Name(s):** \_\_\_\_\_

**2009-10 Grade Level:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Student Special Programming Needs:** \_\_\_\_\_

**School Assigned To:** \_\_\_\_\_

**School Desired:** \_\_\_\_\_

**Rationale for the Request:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Principal Signature (Home School):** \_\_\_\_\_

**Principal Signature (Requested School):** \_\_\_\_\_

**Associate Superintendent's Signature:** \_\_\_\_\_

**\*The Approved Boundary Variation is good for the 2009-10 school year only.**

For Internal Use Only: (status) _____ approved _____ not approved Rationale for decision: _____ _____
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