

**NEW LENOX SCHOOL DISTRICT 122  
2023-2024 BOUNDARY VARIATION APPLICATION**

**\*The Approved Boundary Variation is good for the 2023-2024 school year only.\***

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

**Parent Name(s):** \_\_\_\_\_

**2023-2024 Grade Level:** \_\_\_\_\_

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

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

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

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

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

**If Kindergarten, Session Change To: (circle one)      AM      PM**

**Is the reason for this request daycare?    Yes    No**

**Rationale for the Request (if not daycare):**

**I acknowledge that I will be responsible for transporting my student to and from school if my boundary request is approved as is required by Board Policy 7:30. (See reverse side for Policy 7:30.)**

**Parent's Signature** \_\_\_\_\_

For Internal Use Only: (status)

\_\_\_\_\_ approved

\_\_\_\_\_ not approved

Rationale for decision: \_\_\_\_\_

\_\_\_\_\_  
**Superintendent's Signature**