

**NEW LENOX SCHOOL DISTRICT 122
2025-2026 BOUNDARY VARIATION APPLICATION**

The Approved Boundary Variation is good for the 2025-2026 school year only.

Student Name: _____ **Date:** _____

Parent Name(s): _____

2025-2026 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.

Parent's Signature _____

For Internal Use Only: (status)

_____ approved

_____ not approved

Rationale for decision: _____

Superintendent's Signature