

### SPECIAL PERMISSION INFORMATION

The following information must be included on the special permission form:

- a. Parent Name, Address and Telephone Number
- b. Child's/Children's Name(s) and grades they will be in for the year requested.
- c. Child's date of birth.
- d. District/Attendance area you live in (this is your home school).
- e. District/Attendance area(s) you wish your child(ren) to attend (this is the school requested).  
You may also list a second choice to be considered if your first choice is denied.
- f. Reason why you wish to change school districts/attendance areas.

**1. The form should be submitted by May 15 for the upcoming school year (no later than August 1); priority will be given to those applications submitted and received by May 15.**

After registration, class lists are compiled to determine if the number of students enrolled in a particular grade level will allow additional special permission students to be assigned to the building being requested.

The only reason students would be denied special permission is if the classroom sizes are too large. The class size guidelines for determining special permission are: Grade K-2 = approximately 20 students; Grades 3-5 = approximately 24 students.

2. If your application is received by May 15, you will be notified by the second week in June regarding approval or denial of special permission. If your application is not received until the 1<sup>st</sup> of August, you will be notified as soon as your request is received. All applicants will receive a letter of notification through the mail as soon as the decisions are made in addition to a phone call from the district office.

If you have questions or need to update your form, do not hesitate to contact the Human Resources Office at 684-6597, ext. 66101.

#### Non-Discrimination Statement

It is the policy of the Ottumwa Community School District that each student and employee should be treated equally. If a student or employee believes that he/she has been treated unequally on the basis of race, color, age, national origin, gender, sexual orientation, gender identity, marital status (for programs), socioeconomic status (for programs), disability, religion or creed, then he/she should contact Teri King. She is the contact person for students or employees who think they may have been treated unfairly. She will work with district administrators to make certain that the provisions of Title IX of the Civil Rights Act, Section 504 of the Rehabilitation Act, and the Americans with Disabilities Act are not violated. Teri King, Director of Student Supports, [teri.king@ottumwaschools.com](mailto:teri.king@ottumwaschools.com) Phone: (641) 684-6597.

**OTTUMWA COMMUNITY SCHOOL DISTRICT  
SPECIAL PERMISSION REQUEST FORM  
20\_\_-20\_\_**

**PRINT LEGIBLY**

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

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

**City, State, Zip:** \_\_\_\_\_

**Phone No.:** \_\_\_\_\_

**Work No.:** \_\_\_\_\_

**Home School:** \_\_\_\_\_

**School Requested: (1)** \_\_\_\_\_ **(2)** \_\_\_\_\_

**Student Name**

**Grade Child Will Be In**

**DOB**

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

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

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

**Reason for the Request:** \_\_\_\_\_

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

**Parent/Guardian Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**This form should be submitted by May 15 for the upcoming school year (no later than August 1)**

**Submit form to: Ottumwa Community Schools District Office, 1112 N. Van Buren, Ottumwa, IA 52501, or fax to 641-684-6522, or you may drop off at any OCSD main office. Applications will be processed on a first-come, first-served basis; priority will be given to those applications submitted and received by May 15.**

Date Adopted: 6/14/2010

Last Reviewed and Revised: 3/27/2017