

Diocese of Allentown

Office of Education
Post Office Box 20607
Lehigh Valley, PA 18002-0607
Telephone: 610-866-0581
FAX: 610-867-8702

To: High School Principals
From: Kathleen Hanlon, Assistant Superintendent for Secondary Education

Attached please find a copy of the waiver request form to be used in **all** cases where there is a potential admission of an out of bounds student into your school.

Since you are currently, or will soon be, accepting registrations for next year, it is certainly valuable to review the waiver request process. Should the parents of a student who lives outside of the attendance area for your high school request admission for their child they should:

1. Have a legitimate reason for the request as per Diocesan Regulation #5117
2. Meet with you, the receiving Principal.
3. Be requested by you to meet with the sending Principal.
4. Complete the waiver request form, provided by you, which includes the signatures of both the receiving and sending principals.

The completed waiver request form, along with any accompanying documentation, should then be forwarded to my office for consideration. Notice of approval or disapproval will be sent to the parents as well as to both principals. Your diligence in assuring the appropriate placement of students into schools is most appreciated. Thank you for your cooperation and support in this matter. God Bless.

DIOCESE OF ALLENTOWN- OFFICE OF EDUCATION
Post Office Box 20607 – Lehigh Valley PA 18002-0607

Request for Secondary School Attendance Outside Area of Residence

DIRECTIONS Please TYPE or PRINT the following information

1. Name of Student_____
2. Name of Parents_____
3. Address (if rural indicate exact location)_____

4. Phone: ()_____ 5. Parish:_____
6. Public School of Residence:_____
7. School currently attending:_____
8. Requesting permission to attend:_____
9. Reasons for request (include documentation where appropriate)_____

10. Signature of Parent:_____
11. Date:_____
12. Signature of Sending School Principal:_____
13. Signature of Receiving School Principal:_____

Completed form should be sent to: **Assistant Superintendent for Secondary Education** at the above address.
You will be notified by mail of the decision.

FOR EDUCATION OFFICE USE ONLY ____Approved ____Disapproved

Date:_____ Notification sent to:_____

Signed:_____

Assistant Superintendent
