



CSD K-2 Waiver Form

Submit completed forms by May 31, to the CSD District Office via mail (PO Box 27, Colchester, VT 05446) **or** email cathy.ward@colchestersd.org. Final decisions will be made and communicated to applicants in early June. Given space availability, we will work to meet as many families' needs as possible. Waiver request decisions are based solely on enrollment.

Student Information:

First Name: _____ Last Name: _____ Date of Birth: _____

Physical Mailing Address: _____

Circle the grade the student will be entering in the fall: Kindergarten 1 2

Current School: _____

Parent/Guardian Information:

Name(s): _____

Parent/Guardian Address (if different from student): _____

Telephone: _____ Preferred Email: _____

Please circle the school that you would like your student to attend: PPS UMS

Reason for Requested Transfer (families can attached a letter to provide further information: _____

By signing above I understand that if approved I will be responsible for providing transportation for my student to and from school daily if my home is not on an existing CSD bus route to/from that school.

Parent/Guardian

Date

For Internal Use Only: ____ Date Received ____ Approved ____ Denied
