



**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 [HolliJo.Brigante@colchestersd.org](mailto:HolliJo.Brigante@colchestersd.org). Final decisions will be made and communicated to applicants in early June. Waiver request decisions are based solely on enrollment. Given space availability, we will work to meet as many families' needs as possible.

**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, 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

<b>For Internal Use Only:</b>
_____ Date Received
_____ Approved
_____ Denied