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**SOUTH GLENS FALLS CENTRAL SCHOOL DISTRICT**

**Change of Elementary School Request**

**Please Note** - Approvals are based on grade level enrollment and requests must be made on an annual basis. If your request is approved, transportation will be available to and from child care only, otherwise you will be responsible for transporting your child to and from school. Buses **do not** cross elementary zones.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

I, \_\_\_\_\_, hereby request that my child be allowed to attend  
(Parent Name - Please Print)

\_\_\_\_\_ Elementary School in South Glens Falls for the \_\_\_\_\_ school year for the following reasons:

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

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Childcare Provider Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Childcare Provider Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only**

\_\_\_ Approved \_\_\_ Denied Requested School: \_\_\_\_\_

Official Attendance Zone: Ballard Harrison Moreau Tanglewood

Assistant Superintendent Signature: \_\_\_\_\_ Date: \_\_\_\_\_