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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: _____