



LARAMIE COUNTY SCHOOL DISTRICT 2

Students First

Out-of-District Boundary Waiver

Students living outside the Laramie County School District 2 (LCSD2) boundaries may request a waiver to attend a school within the district. The waiver application must be completed and approved by the Building Principal and the Superintendent. Continuation of a waiver request is considered based on the following criteria:

- There is adequate capacity in the school and overcrowding is not a concern.
- The student demonstrates regular attendance, academic effort, and conformance with disciplinary standards.
- The family is willing and able to provide timely transportation to and from school.
- The request does not cause a financial burden for LCSD2.

Student Name: _____ Current Grade: _____ Age: _____ DOB: _____

Parent/Legal Guardian Name and Relationship: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____

School Student Wishes to Attend: _____ Requested Start Date: _____

Reason for Waiver Request: _____

Last School Attended: _____ City: _____ State: _____ GPA: _____

What extracurricular activities does this student participate in or plan to participate in? _____

Has this student ever been expelled or suspended (either in-school or out-of-school)? Yes No

If yes, please explain: _____

To ensure LCSD2 has adequate resources to provide services for this student, please check if this student is receiving any special services: IEP ELL 504 Other: _____

Please answer each of the following questions:

- Are you willing to meet with staff at the school upon request? _____
- Are you willing to arrange for transportation for this student if the school closes early? _____
- Are you willing to arrange for transportation for this student from practices, games or activities in a timely manner? _____
- How will this student be transported to school? _____

Please initial each of the following statements. If not initialed, the waiver request will not be considered.

- I understand that daily transportation to and from school for this student will be my responsibility if this boundary waiver is granted. _____
- I understand that an out-of-district boundary waiver is a privilege and that this student must maintain good attendance, grades, and behavior. If for any reason these areas are not upheld, the out-of-district boundary waiver approval may be revoked. _____
- I understand that the out-of-district waiver may be revoked if the class size for this student's grade level becomes too large. _____
- I understand and agree that, if false information is provided, the out-of-district boundary waiver will be denied or revoked. _____

I hereby declare and affirm that the information provided is true and correct to the best of my information, knowledge, and belief.

Name of Parent/Legal Guardian (Please Print): _____

Signature of Parent/Legal Guardian: _____

Application Date: _____

Please return this form to the school secretary or district office. Please ensure that the waiver application is completed and initialed and signed where necessary. Incomplete forms will not be considered.

To be completed by school personnel:

Waiver Approved:

Waiver Denied:

Building Principal Signature: _____ Date: _____

Superintendent Signature: _____ Date: _____