



**CENTRAL CONSOLIDATED SCHOOL DISTRICT**  
**District Administration Complex**  
**P.O. Box 1199, Shiprock, NM 87420**  
**US Hwy 64 Old High School Rd**  
 Administration • 505-368-4984 • Fax 505-368-5232

*A Community of Learners Dedicated to Building Lives*

**WAIVER REQUEST FORM FOR BOUNDARY EXCEPTION**

**Instructions to Parents:**

Students in the Central Consolidated School District will normally attend the school in the attendance zone where the parent or legal guardian lives. The administration and Board of Education have established the following conditions and priorities for other students who wish to attend a school outside their established attendance zone (pursuant to NMSA 22-1-4). The Open Enrollment Act requires that a free public school education be available to any school-age person who is a resident of New Mexico and who has not received a high school diploma or its equivalent. The Superintendent retains the discretion to determine whether the school district has sufficient accommodations to offer enrollment to students who are not New Mexico residents.

Requests of returning students to attend a school outside the student's attendance zone must be completed between **March 1 and June 1** for the subsequent school year. Kindergarten applications will not be reviewed until two weeks after school begins. These requests must be completed annually. There is no guarantee that the student may be re-enrolled each year. Program and space availability are reviewed annually and this determines the number of outside attendance zone waivers a school may approve. The District Waiver Committee will meet to review all requests after the submission period and act upon requests in a timely manner. Student will be put on a waiting list until the parents/legal guardians are notified, by the receiving school, on whether the student's waiver has or has not been approved by District Waiver Committee.

Schools may request proof of Legal Guardianship and/or proof of residence.

NO waivers will be approved for schools if they have reached 95% capacity in classes, grade levels or total enrollment.

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

Student Residing Address/Location: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

School Currently Attending: \_\_\_\_\_ School Requesting: \_\_\_\_\_

PLEASE PRINT Parent/Legal Guardian Name: \_\_\_\_\_ Parent/ Legal Guardian Relationship: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

District Employee:  Yes  No If Yes, please state location: \_\_\_\_\_

Parental Statement of Reason for Waiver Request (If additional space is needed, please use back of form or attach additional paper): \_\_\_\_\_

Does this student intend to participate in any competitive extracurricular activities? (Secondary Only)  Yes  No (If Yes, please list activities) \_\_\_\_\_

Note: For information on eligibility please see Athletic Director or see NMAA Handbook at [www.nmact.org](http://www.nmact.org).

**I understand that if my child becomes a problem due to attendance, excessive tardies, discipline, false information, etc. this waiver may be revoked.**

\_\_\_\_\_ (Parent/ Legal Guardian Initial) (If not Initial form is void)

PLEASE RETURN THIS FORM BACK TO THE REGISTRATION SECRETARY

**FOR OFFICE USE ONLY:**

Approval Signature of Requested School Principal: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Please send approved form to the Data Department for District Waiver Team Approval)

Approval of Data Department: \_\_\_\_\_ Date: \_\_\_\_\_  
 (FTE's are under 95% capacity of class enrollment)

Approval Signature of Waiver Committee Member: \_\_\_\_\_ Date: \_\_\_\_\_

Waiver Approved: \_\_\_\_\_ Waiver Denied: \_\_\_\_\_