

# Marion CUSD #2 Request for Attendance Center Change

**\*\*Request is only active for the current school year. Applicant must reapply each year.**

_____ Child's Name		_____ Date of Birth		M	F
				Gender	
_____ Child's Resident Parent's or Legal Guardian's Name		_____ Child's Resident Parent's or Legal Guardian's Name			
( ) _____ Home/Cell Phone	( ) _____ Work Phone	( ) _____ Home/Cell Phone	( ) _____ Work Phone		
_____ Address		_____ City, ST ZIP Code			
_____ How many schools has this child already attended?		_____ Please name the schools already attended.			

## Current Information

\_\_\_\_\_  
Child's CURRENT School

\_\_\_\_\_  
Child's CURRENT Grade Level

\_\_\_\_\_  
Child's CURRENT Classroom Teacher

\_\_\_\_\_  
Special Programs/Instruction my child CURRENTLY receives  
(For example: special education services )

## Reason for Change of Attendance Center

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

Is your child's current principal aware of this request?     Yes     No     Does Not Apply

**\*\*Request must be received by August 1. Mail or deliver to:**  
Marion Community Unit School District #2  
Administration Building  
1700 W. Cherry Street  
Marion, Illinois 62959

**\*\*Decisions will be made approximately one week prior to the child's first day of attendance. Individual(s) listed above will be notified.**

### For Office Use Only

Date Received:

Time Received:

Received By:

Decision:

Date:

Date Parent Notified:

Phone

Letter