



**Dartmouth Public Schools**  
8 Bush Street, Dartmouth, MA 02748  
Phone: 508-997-3391 Fax: 508-991-4184  
Website: [dartmouthps.schoolfusion.us](http://dartmouthps.schoolfusion.us)

## **DISTRICT ATTENDANCE ZONE WAIVER PROCEDURES**

The following guidelines in granting attendance zone waivers shall be applied:

- K-5 students shall attend the elementary school in the district attendance zone in which they reside. This right will be maintained regardless of class sizes and/or attendance zone waivers.
- Information on attendance zones areas will be posted on the district web site and made available through the district office.
- Parents/legal guardians may request that their child (children) attend a school outside of the attendance zone in which they live. This is to be done through completion of the application form, forwarded to the Superintendent of Schools. All requests will be acted upon at the District level prior to the start of the school year.
- Requests should be submitted between May 1 and the last day of school, with notice by July 1 for the forthcoming school year. Waiver requests received after July 1 will be acted upon by August 15, upon permission by the Superintendent based on current class sizes. Please note: within-district school year transfers (August-June) will not be considered.
- Students whose families move outside their attendance zone within the Town of Dartmouth after March 31 may be allowed to complete that school year, but parents shall be responsible for transportation to/from school. Application for a zone waiver will be required for consideration in the subsequent year/s.
- Students whose families move into the Town of Dartmouth during the school year may apply for a zone waiver upon registering.
- All determinations for granting district attendance zone waivers will be made on a space available basis. Specifically, in grades Kindergarten and one (1), if class sizes in the school being requested are fewer than 20 students, they will be granted a zone waiver. If class sizes in grades two (2) through five (5) in the school being requested are fewer than 22 students, they will be granted a zone waiver.
- Upon application, parents will be advised that while preferable, siblings may not be permitted to enroll in the same school if class/grade level sizes are prohibitive.



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- Zone waivers may be revoked for attendance concerns.
- Under circumstances where a student is not granted entry into the requested school, the parent/guardian of that student will be able to reapply for entry on/after May 1 of the following year (and the process shall be repeated on a space available basis). No waiting lists will be maintained from year to year and/or after the opening of school.
- Applications for zone waivers shall be granted on a first come/first serve basis in accordance with District policy. Special circumstances relative to health, childcare, siblings, etc. will be considered.
- This policy will apply to Dartmouth-resident District teachers in the same manner.
- Non-resident Dartmouth teachers will be assigned a "home school." Non-resident Dartmouth teachers who wish to have their child attend an elementary school located outside of their home school are subject to the zone waiver procedures guidelines. Home school assignments are as follows:
  - Elementary School Teachers-the school at which they are employed
  - Dartmouth Middle School Teachers- Quinn School
  - Dartmouth High School Teachers-Cushman/DeMello School



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**ATTENDANCE ZONE WAIVER APPLICATION**

Student's Name: \_\_\_\_\_ Entering Grade: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Complete Address: \_\_\_\_\_  
*(Dartmouth Residency Required)*

School Requested: \_\_\_\_\_ School Presently Attending: \_\_\_\_\_

District Assigned School: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Siblings\*: \_\_\_\_\_ School/Grade (As Applicable) \_\_\_\_\_

*\*Please Note: Zone waiver approval for one child does not guarantee subsequent approval of siblings.*

In submitting a District Attendance Zone Waiver Application, I understand and make a commitment to:

- Support/maintain consistency in my child's attendance at his/her new school.
- Provide transportation to/from school.
- Registration materials are completed (if not presently enrolled in Dartmouth schools).

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Please return to the Superintendent's Office, 8 Bush Street, Dartmouth, MA 02748

<b>Office Use Only:</b>	
Date Received: _____	Current School: _____
Approved: _____	Not Approved: _____
Basis: _____	
Assistant Superintendent Signature: _____	Date: _____
Superintendent's Signature: _____	Date: _____