

# Determination of Alternative District of Residency

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Student Name: \_\_\_\_\_

Address (if different from parent/guardian): \_\_\_\_\_

## Current Education Setting:

LEA: \_\_\_\_\_ School: \_\_\_\_\_

## Proposed Education Setting:

LEA: \_\_\_\_\_ School: \_\_\_\_\_

Please explain why the student's physical, mental, moral, or emotional health will best be served by considering the child to be a resident for school purposes:

### FOR OFFICE USE ONLY:

Approved

Not Approved

Review Official \_\_\_\_\_

[R277-621](#)

[53G-6-302](#)