



**Achieving our Personal Best in Pursuit of Excellence**

Community School Corporation of Southern Hancock County  
P.O. Box 508, 4711 South 500 West  
New Palestine, IN 46163  
Phone: (317) 861-4463  
Fax: (317)861-2142  
[www.newpal.k12.in.us](http://www.newpal.k12.in.us)

**Directions:** Please complete a separate form for each child and return to **Amber Rush**, Executive Administrative Assistant to the Superintendent and Board of School Trustees. You may print and e-mail to [arush@newpal.k12.in.us](mailto:arush@newpal.k12.in.us), fax to 861-2142, or drop off to the Corporation Office, 4711 S. 500 W., New Palestine.

**Alternate School Requests will be reviewed by the Superintendent beginning on July 8, 2019.**

\_\_\_\_\_ I am a returning student who was previously approved to attend the alternate school.

\_\_\_\_\_ I am seeking an alternate request for my student to attend a different school in the district.

Name of Student: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Grade for 2019-2020: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Alternate School Requested: \_\_\_\_\_

Please provide detailed information as to why this request is being made. If the request is due to childcare needs, please provide the name, address, and phone number of the person or business providing childcare.

Parent Signature: \_\_\_\_\_

Superintendent Signature: \_\_\_\_\_

Date Approved: \_\_\_\_\_