REQUEST FOR EXCEPTION TO FEEDER PLAN

Kaiserslautern District

_____
Date

1. Student Name:_____

Present Grade Level:_____

School Zone Assigned:_____

School Exception Requested:_____

School Presently Attending:_____

Housing Location, Residence/Local Address: _____
_____

2. Sponsor Name:_____

Official DEROS: _____

Unit:_____

Unit Location:_____

APO Mailing Address: _____

Duty Phone:_____

Home Phone:_____

E-mail Address:_____

3. Please provide information to be considered in reviewing this request for an exception to the feeder plan. Be as precise and as clear as possible. (You may use the reverse side of this document.)

4. Principals' Review: ***(The principal's signature does not indicate approval)***

a. Assigned School Principal:

Signature:_____ Date:_____

b. Exception School Principal:

Signature:_____ Date:_____

5. Assistant Superintendent Approved Disapproved

Signature:_____ Date:_____