



THE GEOGRAPHIC EXCEPTION FORM DOES NOT APPLY TO HOMELESS STUDENTS

SECTION I – To be completed by parent/legal guardian of student and submitted to the Home School if the student is new to the D.O.E. or to the current school where the student is currently enrolled. Submit to the Principal with a self-addressed, stamped envelope attached to each Geographic Exception Request Form.

Requesting Geographic Exception to Attend: _____ For School Year _____ - _____
Name of School _____ For Grade Level _____

1. Student's Legal Name _____
Last First Middle Initial

2. Birth Date ____/____/____ Gender Male Female
mm / dd / yy

3. Current School _____ Current Grade Level _____

4. Residential Address _____
City _____ State _____ Zip Code _____

5. Requester's Name _____
Address _____
City _____ State _____ Zip Code _____
Phone: (H) _____ (Bus) _____ (Cell) _____
Email _____

FOR SCHOOL USE ONLY
Student ID# (10 Digits) _____
Home School Code _____
Current School Code _____
Receiving School Code _____
Date of Approval or Denial
____/____/____
mm / dd / yy

Parent Guardian 18-year-old student

6. Indicate reason for requesting a Geographic Exception (Check 1 item and/or briefly explain)
a. ~~XXXXXX~~ b. Physical residence c. Sibling at same school
d. Child of school staff member e. Program of study (describe) _____
f. Other (describe) _____

I understand that falsification of information will be grounds for denial and/or rescinding of this Geographic Exception Request (Hawaii Revised Statutes 710-1063).

Signature _____ Date ____/____/____

**Certain NCLB Choice students may be eligible to apply for transportation subsidy, contingent upon availability of funds.*

SECTION II – To be completed by the public school the child is currently attending OR the Home School for incoming kindergarten and new students to the HDOE system.

School _____ Date Stamp Receipt of Application _____

List information regarding special student accommodations if applicable _____

~~XXXXXX Proxy Parent XXXXXX~~

Regular G.E.

Home/Current School Authorized Official Signature _____ Date ____/____/____

SECTION III – To be completed by the Receiving School Lottery Number _____

APPROVED G.E. - To begin on: ____/____/____ School Name _____
mm / dd / yy

DENIED G.E. - Filled to capacity

Receiving School Authorized Official Signature _____ Date ____/____/____

Request for Review of Denial may be made within ten (10) business days of the postmark date of this notice to the Complex Area Superintendent (CAS) by submitting Form CHP 13-2. The decision made by the CAS is final.

