

**Loyalsock Township School District**  
**1605 Four Mile Drive**  
**Williamsport, PA 17701**  
**Telephone: (570) 326-6508**  
**Fax: (570) 326-0770**

***www.loyalsocklancers.org***

***Gerald L. McLaughlin, Superintendent of Schools***

## ***Request to Remain Form***

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This form should be completed by the parent/guardian of the student requesting to remain.

*In accordance with Policy 202 – Admission of Non-resident Students*

### *Former Residents*

*A student whose parents/guardians move from the district on or after April 1 of a school year may be permitted to complete the then current school year without payment of tuition. The parent or guardian must request permission from the Superintendent using the district-provided form within ten school days prior to moving from the district. The Superintendent will review the request with the appropriate building administrator and make a determination. Both the academic and disciplinary records will be reviewed.*

*A student affected by a change in residence of parents/guardians who has completed the entire junior year may be permitted to continue as a student in the district until the conclusion of the student's senior year based upon the recommendation of the administrative staff and availability of space and desired course work. The parent or guardian must request permission from the Superintendent using the district-provided form within ten school days prior to moving from the district. The Superintendent will review the request with the appropriate building administrator and make a determination. Both the academic and disciplinary records will be reviewed.*

*All students eligible for attendance as set forth above shall be permitted to attend without the payment of tuition, provided that the student's parents/guardians assume responsibility for transportation and any other unusual expenses and provided that the students continue to follow all rules and regulations of the district.*

*The Superintendent may extend deadlines when movement outside the district occurs as the result of a natural disaster, fire, or other legitimate emergency.*

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*Please print*

**Student Name:** \_\_\_\_\_ **Current Grade:** \_\_\_\_\_

**Reason for Request (Please include effective date):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**Full Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian signature:** \_\_\_\_\_

**Superintendent signature:** \_\_\_\_\_ ☐ approved ☐ not approved

*Please submit form to the Superintendent of Schools ten days prior to moving from the district.*