

NON-RESIDENT ENROLLMENT APPLICATION

Name of Receiving School District _____

School District No. _____

I have read the guidelines on Non-Resident (Student(s) enrollment, and hereby request that my son/daughter be permitted to attend _____
(Name of Receiving School)

1. Parent/Guardian Name _____

2. Parent/Guardian Address _____

Home Phone # _____ Work Phone # _____

3. Applicant student's name _____

Date of Birth _____

4. School student is presently attending _____
(Name of School)

Grade _____

5. Present school address _____
(Street) (City/Town & State) (Zip)

6. Has the student even been suspended or expelled from school? Yes ___ No ___
If Yes, describe the circumstances including dates and duration.

7. Reason(s) for requesting attendance in this school. (Optional)

8. Special instructional programs in which the applicant child is currently enrolled. (For example: Vocational, Foreign Language, Remedial,

Special Education, Gifted/Talented, etc.)

9. Special instructional programs that the applicant child expects to enroll in during the next school year.

10. Transportation arrangements that will be made.

_____/_____
(Parent's Signature) (Date)

() Approved

_____/_____
(Superintendent's Signature or Designee) (Date)

() Disapproved

Following action by the receiving school district, copies shall be sent to:
Parents, Building Principal, and Superintendent of the Home District.