

WELLSVILLE USD 289 Request for Permission to Enroll



(for student living with parent(s) who reside out of district)

STUDENT INFORMAT	ION:		
STUDENT FULL NAME:			
(ONE STUDENT PER FORM)		FIRST	MIDDLE
BIRTHDATE://	REQUESTING TO ENROLL IN	GRADE (SCHOOL YEA	
NAME & DISTRICT OF L	AST SCHOOL ATTENDED:	· 	_
ADDRESS OF LAST SCHO	OOL ATTENDED:		
PRINCIPAL NAME:	DATE LAST ATTENDED SCHOOL://_		
	DO YOU HAVE OTHER CHILDREN ATT NROLL AT USD 289 SCHOOLS?YES	•	
PARENT INFORMATION	ON:		
FATHER NAME:	SCHOOL DISTRICT YOU RE	SIDE IN:	
FATHER ADDRESS:			
FATHER CONTACT #: _	FATHER EMAIL:		
FATHER EMPLOYER:	FATHER OCCUPAT	TION:	
	SCHOOL DISTRICT YOU RE		
	MOTHER EMAIL		
	MOTHER OCCUPA		_
STATE REASON STUDEN	IT WANTS TO ATTEND WELLSVILLE SO	CHOOL DISTRICT:	
DATE OF REQUEST:/_	_/ PARENT SIGNATURE:		
	OFFICE U	JSE ONLY	
ACTION OF PRINCIPAL: _	APPROVED NOT APPROVED		

SIGNATURE

ACTION OF SUPERINTENDENT: __ APPROVED __ NOT APPROVED __

DATE