

# PARENT APPLICATION FOR OUT OF DISTRICT SCHOOL ATTENDANCE

I am requesting my child(ren) attend:

for the \_\_\_\_\_ school year. My child(ren) and I reside in

I understand that the school district I am applying for my family member(s) to attend, is under no obligation to accept and or approve this application.

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**Please provide names, grade, gender and addresses for every child you are making application for**

CHILD Number:	Child Legal First Name	Child Legal Last Name	Grade	Male	Female
	Street Address	City	, Kansas		Zip Code

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CHILD Number:	Child Legal First Name	Child Legal Last Name	Grade	Male	Female
	Street Address	City	, Kansas		Zip Code

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CHILD Number:	Child Legal First Name	Child Legal Last Name	Grade	Male	Female
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CHILD Number:	Child Legal First Name	Child Legal Last Name	Grade	Male	Female
	Street Address	City	, Kansas		Zip Code

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## PARENT APPLICATION FOR OUT OF DISTRICT TRANSPORTATION

I am requesting out of district transportation for the child(ren) listed above: YES NO

I hereby certify my child(ren) and I are residents of USD # \_\_\_\_\_ and we reside 2.5 miles or more from the attendance center my child(ren) should attend in our resident school district. I understand that the school district I am applying to for transportation is under no obligation to accept and or approve this application.

I also understand if the address(es) listed above change(s), this application will be re-evaluated.

Parent/Legal Guardian Initials: \_\_\_\_\_

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## PARENT/LEGAL GUARDIAN INFORMATION

PRINTED Parent/Legal Guardian Name

Address

City

State

Zip Code

Parent/Legal Guardian Signature

Date

Please Note: This form cannot be used for school districts with territory in Johnson, Sedgwick, Shawnee or Wyandotte counties

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## OFFICIAL SCHOOL DISTRICT USE