

OUT-OF-DISTRICT APPLICATION FOR ADMISSION

Date of Application: _____

Student's Name: _____
Last First Middle

Parent or lawful guardian's name: _____

Address of legal residence:

Street Address

City State Zip Code

Home Telephone _____ Work Telephone _____

Grade your child will be in: _____

Building your child will be attending: _____

Name, Address and Telephone number of last school attended:

Name of school USD number from last school

Address of School

Telephone: _____

Reason for the request:

The undersigned parent or lawful custodial acknowledges that the statements above are true and correct; that this request, if approved, will be valid for the school year indicated above, and agrees to abide by the provisions of board policy relative to out-of-district students.

Signed: _____

Date: _____

Recommended to Board: _____

Not Recommended to Board: _____

Administrator's Signature: _____ Date: _____