

WELLSVILLE USD289

REQUEST FOR PERMISSION TO ENROLL

(FOR STUDENT LIVING W/PARENT(S) WHO RESIDE OUT OF DISTRICT)

Student Information: (please print all information)

STUDENT FULL NAME: _____
(One Student per form) Last First Middle

Birthdate: ___/___/___ Requesting to enroll in: School Yr: 20__ - 20__ Grade: _____

Name & District # of last school attended: _____ / _____

Address of last school attended: _____

Principal Name _____ Date last attended school: (Month/Day/Yr): ___/___/___

Do you have other children attending or requesting permission to enroll at USD289 Schools?

If Yes list names/ages: _____

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Parent Information:

Father:

Mother:

Full Name: _____

Street Address: _____

City/St/Zip: _____

Contact # _____

Email Address: _____

Employer: _____

Occupation: _____

School District You Reside In: _____

State reason student wants to attend school at Wellsville:

Date of Request: _____ Parent Signature: _____

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Action of Principal:

____ Approved _____ Not Approved

Signature of Principal Date

Action of Superintendent:

____ Approved _____ Not Approved

Signature of Superintendent Date

Comments: