## PARENT APPLICATION FOR OUT OF DISTRICT SCHOOL ATTENDANCE

I am requesting my child(ren) attend: USD 339 Jefferson County North

for the <sup>2023-2024</sup> 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.

CHILD Number:	Child Legal First Name	ler and addresses for every child y Child Legal Last Name City City	Grade Male Female , Kansas				
				CHILD			
				Number:	Child Legal First Name	Child Legal Last Name	Grade Male Female Kansas
Street Address	City	, Zip Code					
CHILD	Child Legal First Name	Child Legal Last Name	Grade Male Female				
Number:	- Street Address		Kansas				
	Street Address	City	Zip Code				
CHILD	Child Legal First Name	Child Legal Last Name	Grade Male Fernale				
Number:			, Kansas				
	Street Address	City	Zip Code				

## 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:

## 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
 Date

 OFFICIAL SCHOOL DISTRICT USE