

# 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: \_\_\_\_\_