

UNIFIED SCHOOL DISTRICT NO. 309
NICKERSON - SOUTH HUTCHINSON

FORM D.04
08/03/10

OUT-OF-DISTRICT ADMISSION REQUEST

(Use a separate request form for each student.)

SCHOOL YEAR _____

NAME OF STUDENT: _____

PARENT/GUARDIAN: _____ DATE: _____

ADDRESS: _____ TELEPHONE #: _____

CITY: _____ ZIP CODE: _____

DESCRIBE LOCATION IF RURAL ROUTE: _____

U.S.D. 309 SCHOOL YOU WISH STUDENT TO ATTEND: _____

SCHOOL DISTRICT NOW RESIDING IN: _____

LAST SCHOOL ATTENDED: _____

ATTENDANCE RECORD AT LAST SCHOOL (Days absent last year): _____

GRADE LEVEL (Last school): _____ IN GOOD STANDING? _____

REASON FOR NOT ATTENDING HOME SCHOOL DISTRICT: _____

DOES STUDENT HAVE AN INDIVIDUAL EDUCATION PLAN (IEP)? _____

THE BOARD OF EDUCATION RESERVES THE RIGHT TO CHARGE TUITION

The information on the back side of this form must be completed if bus transportation is desired.

Parent's Signature: _____

PLEASE NOTE: IT IS NECESSARY THAT YOU RETURN THIS FORM TO THE PRINCIPAL OF THE SCHOOL YOU WISH YOUR CHILD TO ATTEND IN THIS DISTRICT.

Attendance record and standing at last school was verified: Yes: _____ No: _____

Principal's Remarks: _____

Recommended: _____ Not Recommended: _____ Principal: _____

Approved: _____ Not Approved: _____ Superintendent: _____

Superintendent's Remarks: _____

_____ Date: _____

(Original to Superintendent, copy return to Principal, Transportation Department, and copy mailed to parent).
(Over)

REQUEST FOR OUT-OF-DISTRICT STUDENT TRANSPORTATION

CONDITIONS FOR TRANSPORTATION OF OUT-OF-DISTRICT STUDENTS:

- 1. Transportation is provided only on the basis of “available space” on the bus.
- 2. Students must board the bus in the district and U.S.D. 309 school buses will not pick up or deliver students to any point outside of the district.
- 3. School buses will not alter their normal routes to pick up out-of-district students.

NO CHARGE FOR OUT-OF-DISTRICT STUDENT TRANSPORTATION PROVIDED THE STUDENT MEETS THE BUS IN THE BOUNDARIES OF U.S.D. 309.

LOCATION WHERE STUDENT DESIRES TO BOARD BUS: _____

Transportation Supervisor’s Remarks: _____

Recommended: _____ Not Recommended: _____

Date Service to Start if Approved: _____

Boarding Location: _____