

PARENT APPLICATION FOR OUT OF DISTRICT SCHOOL ATTENDANCE

I am requesting my child(ren) attend:

for the _____ 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.

Please provide names, grade, gender and addresses for every child you are making application for

CHILD Number:	Child Legal First Name	Child Legal Last Name	Grade	Male	Female
	Street Address	City	, Kansas		Zip Code

CHILD Number:	Child Legal First Name	Child Legal Last Name	Grade	Male	Female
	Street Address	City	, Kansas		Zip Code

CHILD Number:	Child Legal First Name	Child Legal Last Name	Grade	Male	Female
	Street Address	City	, Kansas		Zip Code

CHILD Number:	Child Legal First Name	Child Legal Last Name	Grade	Male	Female
	Street Address	City	, Kansas		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

OFFICIAL SCHOOL DISTRICT USE

