

USD 377 ATCHISON COUNTY COMMUNITY SCHOOLS
APPLICATION FOR ADMISSION OF NON-RESIDENT STUDENTS

APPLICANT INFORMATION

I request admission of the following student(s) to Unified School District #377 Schools for the _____ school year.

Name of Student: _____

Grade: _____ Junior/Senior High School Elementary School

Name of Student: _____

Grade: _____ Junior/Senior High School Elementary School

Name of Student: _____

Grade: _____ Junior/Senior High School Elementary School

Name of Student: _____

Grade: _____ Junior/Senior High School Elementary School

Name of Student: _____

Grade: _____ Junior/Senior High School Elementary School

Name of Student: _____

Grade: _____ Junior/Senior High School Elementary School

Has student previously attended USD 377: Yes No

Dates Previously attended USD 377: _____

School District Name and Number of Residence: _____

Previous school, city, and state: _____

Administrator of previous school: _____

Parent Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

Date: _____

Signature of Parent/Guardian

Printed Name of Parent/Guardian

OFFICE USE ONLY

USD 377 Board of Education Approved Denied Date: _____

Date Parent Notified: _____ Date School Notified: _____