

**ADMISSION OF NONRESIDENT STUDENTS
(Registration Form)**

Form to be used by NONRESIDENT students requesting admission.

Date of Request: _____

Student Information

Name: _____ / _____ / _____

Address: _____

Phone Number: _____ Grade: _____ For School Year: _____

Requested School: _____

Reason for Transfer: _____

NOTICE

- 1. The statements of student discipline must be completed and made available to receiving school officials.
- 2. Non-residents not entitled to free instruction must pay tuition at the Board's established rates as a condition of attendance.

I understand that, if approved, admission will be granted for only one (1) school year and that any special transportation needed is the responsibility of the parent/guardian. I understand that I must re-apply every year for admission.

Signature of Parent/Guardian

Date

To be completed by Central Office Personnel

Date: _____ Application : Approved Denied

Parent/Guardian contacted? Yes No Date: _____

Present school contacted? Yes No Date: _____

Requested school contacted? Yes No Date: _____

Professional recommendations, if required: _____

Signature of Superintendent/Designee

Date

FILE: JECB-AF

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Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.

Implemented: 11/20/2000

Clinton School District #124, Clinton, Missouri