## Out-of-District Student Enrollment Form

Continuing Students: Please complete and return this form by May 15.

I am an out-of-district student that is apply information and agree to the attendance, completed for each student seeking adm	, conduct, and academic procission.	edures outlined below.	A separate application form must be
I hereby request that attendance in the St the school the year.	evensville School District beap	oproved for the followin	ng named child for
Student Name Grade Level Requested			
Prior School Name	Town/City of Prior School		State
Name and mailing address of custodial pa addresses for mother and father, please list be			
Parent Mailing Address		Sch	hool District
Parent Mailing Address		Scf	hool District
Physical address of residence where child parent, legal guardian or other person w parent, legal guardian or other person with	ith documented legal custody	will not be admitted ex	
Please answer "YES" or "NO" to the follo or to remove a student from attendance wi yes to questions 6 and/or 7 please attach	Address of Parent/Guardian wing questions. Failure to answ th the Stevensville School Distriction on a separate p	er all questions or false rep ct. <i>If you answer "NO"</i>	presentation may be grounds to not admit to question 4 and/or 5 or if you answer
Will transportation services be requested.     Out-of District students must board the school is			
2. Will special education services be request This information will be used for staff purposes only and will not be co	ed?		
Items for consideration on the applicat	tion for out-of-district students	s to the Stevensville Scho	ool District
3. I have read and understand Board Policy	3141:		
4. My school record is free of truancies or a	ttendance issues:		
5. I have all passing grades in the school th	natIpreviously attended:		
6. I have been suspended from my pro	evious school:		
7. I have been expelled or have a criminal	record:		
8. I have pending issues that could cause n	me to be expelled, suspended, or have	ecriminal charges brought:	
I understand that I must re-apply for or guarantee admission in subsequent y		sion in one school year	does not imply
Signature of Parent Date		Signature of Student	 Date
**Completion of this document does no appropriate arrangements in the event the			rille School District. Please make any
Steve	ensville School District use only	/: 	
Background check completed by:			
Information obtained from:			
Academics Conduct	Attendance		
Student was enrolled in the preceding s			
Circle one: Accept	<u></u>		

**Decline** Decline (Policy 3141.7) If declined, I may appeal to the Stevensville School District Board of Trustees.