OUT-OF-DISTRICT APPLICATION

Please fill out the following information and return to:

USD #473 Education Center
PO Box 249, Chapman, KS 67431
Attention: Jeannine Hurford
785-922-6521 (voice) -- 785-922-6446 (fax)

Date of Application_____, 20____

Student's Legal Name _____
Sex (circle): Male Femal Last First Gr (11-12) *Attendance Center

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Sex (circle): Male Femal Last First Gr (11-12) *Attendance Center

Parent's or Lawful Custodian's Name _____

Address or Legal Residence _____

_____
City Zip Code

_____ _____
Home Phone Business Phone

I am requesting that my child be permitted to enroll in USD 473 for the 20____-20____ school year. *I understand that the elementary attendance center my child will attend may be determined by class size.

Please provide reasons your child(ren) wish to attend USD 473: _____

_____

_____

The undersigned parent or lawful custodian acknowledges that the statements and information above are true and correct; that this request, if approved, will be valid only for the school year indicated above; and agrees to abide by the provisions of the Board Policy. We do hereby acknowledge that we reside outside the district boundaries and it is understood that it is our responsibility to meet a USD 473 bus on an established bus route to the Attendance Center or provide our own transportation.

_____ _____
Signature of Parent or Lawful Custodian Date