

# Application for Out Of District Enrollment Belle Plaine USD 357

Please fill out one form for each student as it will help us expedite processing of your out of district enrollment request. No student will be allowed to enroll until processing has been completed.

Date of Request: \_\_\_\_\_ Student's Current Grade Level: \_\_\_\_\_

Student's Name: \_\_\_\_\_

First name

Middle Initial

Last Name

Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Student's Home District: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Street

City

State

Zip

Telephone Number Home: \_\_\_\_\_ Telephone Number Cell: \_\_\_\_\_

Where did you go to school last? (for example, Clearwater High School)

\_\_\_\_\_

Address of Previous School: \_\_\_\_\_

Street

City

State

Zip

Phone number of previous school: \_\_\_\_\_

Name of last Principal or Counselor: \_\_\_\_\_

Do you receive special services? (Optional) Yes / No

Are you aware that you may have limited sports/activities eligibility? Yes / No

Are you aware that if allowed to enroll at USD 357 transportation will not be provided unless from a location where busses already stop and pick up other students? Yes / No

Why do you want to go to school here? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How many days of school did you miss last year? \_\_\_\_\_

(over)

Were you suspended from school anytime last year? (In School Suspension or Out of School Suspension) \_\_\_\_\_

If so, how many days? \_\_\_\_\_ For what reason(s) were you suspended? \_\_\_\_\_

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Have you ever been expelled from any school? \_\_\_\_\_ When? \_\_\_\_\_

Why? \_\_\_\_\_

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I affirm that the aforementioned questions have been answered truthfully; and I give the Administration of USD 357 permission to contact my previous school and their personnel concerning my child's educational, academic, and behavioral background. Untrue responses will be grounds for immediate rejection or dismissal.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian's Name: \_\_\_\_\_ Parent's Phone#: \_\_\_\_\_

Parent or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to the applicant: \_\_\_\_\_

Approved \_\_\_\_\_

Not Approved \_\_\_\_\_

Superintendent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

