

# Application for Out-Of-District<sup>1</sup> School Attendance and Transportation<sup>2</sup>



To: Board of Education - USD No. \_\_\_\_\_ County, Kansas  
(Receiving School District)

I, the parent of:

Student's Legal Name \_\_\_\_\_  
 Female  Male Last Name First Name Grade in 2016-17

Student's Legal Name \_\_\_\_\_  
 Female  Male Last Name First Name Grade in 2016-17

Student's Legal Name \_\_\_\_\_  
 Female  Male Last Name First Name Grade in 2016-17

Student's Legal Name \_\_\_\_\_  
 Female  Male Last Name First Name Grade in 2016-17

hereby certify that my child(ren) and I are residents of U.S. D. No. \_\_\_\_\_ and we reside 2 ½ or more miles from the attendance center my child or children would attend in U.S.D. No. \_\_\_\_\_.

Therefore, under K.S.A. 72-1046b, I hereby apply for authority for my child(ren) named above to attend school in U.S.D. No. \_\_\_\_\_ (Receiving School District) and to be furnished or provided transportation to and from school by the Receiving School District for the 2016-2017 school year.

_____	_____
Date	Signature - Parent/Legal Guardian
Parent/Legal Guardian Name: _____	Printed or typed
Address: _____	
City St Zip: _____	

<b>Authority</b>
_____
Official Signature - RECEIVING School District
_____
Date

<b>Acknowledgment</b>
_____
Official Signature - School District of Residence
_____
Date

<sup>1</sup> Not for school districts with territory in Johnson, Sedgwick, Shawnee or Wyandotte counties.

<sup>2</sup> This form must be resubmitted every year.