Unified School District No. 421  
421 E. 6th Street  
Lyndon, Kansas 66451  
Phone: 785-828-4413  Fax: 785-828-3686

Non-Resident Request Form

The schools in USD #421 are maintained for the primary benefit of the residents of the district. Non-resident students will be admitted only to the extent that staff, facilities, equipment and supplies are available. Any non-resident who desires to be admitted to the schools of the district will make application to the principal of the school they wish to attend. The principal will contact administration and counselor of school the student presently attends to make an attempt to determine a student's previous academic performance and disciplinary status. By completing and signing this document the parent or guardian is agreeing to release their child's academic, attendance, and disciplinary records to Lyndon USD #421 administrators.

The principal will make his/her recommendations to the Superintendent of Schools and the Board of Education. The decision of the Superintendent and the Board of Education on any such application will be final. Applications will not be considered during the school term.

Out of district requests that are approved by the Superintendent and the Board of Education will carry the stipulation that each student will be attending USD #421 on a probationary period for the first nine weeks of school. During the first nine week period, each student will be judged on attitude, conduct, discipline and daily attendance. No fees will be waived for non-resident students except those that fall under the guidelines of the federal school lunch program. No special transportation services will be provided. Non-resident students may board and depart our buses along their regular routes if seating space is available. All non-resident requests that are approved must be renewed yearly, as this request is valid only for the school year in which it is requested and approved.

Name and Address of Parent or Legal Guardian:

Name: ___________________________  Telephone Number: ___________________________
Address: ___________________________  Cell Phone: ___________________________
City: __________________ Zip: __________________

Name, Age, and Grade of Student(s):

Student: ___________________________  Student: ___________________________
Student: ___________________________  Student: ___________________________

Name and Address of school district your student(s) attended last year:

Name of School: ___________________________  District No.: ___________________________
Address of School: ___________________________
Phone Number: ___________________________

Please note any special items or services you expect or need for your children to attend USD #421.

______________________________________________________________________________

Parent or Guardian Signature: ___________________________  Date: ___________________________

____ Recommended  __ Not Recommended  __ Date: ___________________________  School: ___________________________

Principal’s Signature: ___________________________

____ Recommended  __ Not Recommended  __ Date: ___________________________

Superintendent’s Signature: ___________________________

Notification Statement of Non-discrimination

The Lyndon Public Schools prohibit discrimination on the basis of race, color, national origin, sex, age, or disability in admissions, access, treatment or employment, in its programs and activities as required by: Title IX of the Education Amendments of 1972, Title VI and Title VII of the Civil Rights Act of 1964, the Age Discrimination Act of 1975, the Americans with Disabilities Act (ADA), the Individuals with Disabilities Education Act and Section 504 of the Rehabilitation Act of 1973. Inquiries regarding compliance with applicable civil rights statutes related to ethnicity, gender, the ADA or age discrimination may be directed to Superintendent, 421 E. 6th Street 66451; phone 785-828-4413.