| School Use ONL | Y |
|-----------------|------|
| Application # _ | Date |

USD 320

Out-of-District Student Application

(for students who reside out of district)

| Student Name: | Age: Grade (24-2 | 25 school vr): | | |
|---|------------------|----------------|--|--|
| Parent(s)/Guardian(s) Name: | | 9: | | |
| Address (street, city, state, zip): | | | | |
| Current School District: | | | | |
| Phone Number of Current School: | | | | |
| Reason for wanting to attend USD 320: | | _ | | |
| Priority Enrollment Criteria Questions (| • | | | |
| Does the above-named student have a sibling who is accepted to enroll in and attend school in the | | | | |
| district? | | Yes N | | |
| Is the above-named student a military dependent student? | | | | |
| Is the above-named student a child who is in the custody of the Department of Children and Families | | | | |
| and living in the home of a nonresident student wh | | | | |
| Does the above-named student have a parent or person acting as a parent employed by the district? | | | | |
| Is the above-named student experiencing homelessness? | | | | |
| ist all current siblings residing in the s | same household: | | | |
| Name | Age | Grade (24-25) | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

USD 320 Good Standing Policy

A current or prospective nonresident student meeting one or more of the following criteria shall automatically be deemed not in good standing and may be denied enrollment or continued enrollment based solely thereon.

- The nonresident student failed to maintain a 90% attendance rate in the last school year, excluding excused absences under board policy JBD and/or any relevant student handbook language;
- the nonresident student or the student's parent or person acting as a parent provided false or fraudulent information in the application process;
- the nonresident student is not a resident of Kansas;
- the student is currently under a period of suspension or expulsion from any Kansas school district, and such suspension or expulsion will not expire until after the next school year has begun.
- the student has had two or more out-of-school suspensions in the current school year, excluding suspensions a manifestation determination determined to be a manifestation of the student's disability or a failure on the part of school staff to implement an individualized education program, Section 504 plan, or behavior intervention plan; or

| • the stud | ent nas been (| given a long-term suspension or | expulsion by the district in the current s | criour year. | | | |
|--|--|--|--|---|--|--|--|
| | | • • | qualify as a student in good standing | | | | |
| | | | | | | | |
| Release of Information: (required) | | | | | | | |
| Ι, | | , do hereby | authorize representatives from USI | O 320, Wamego Public | | | |
| Schools, to h | ave access t | o all disciplinary files or note | s for my child, | , whose las | | | |
| | | | (name of school | | | | |
| Signature | | | Date: | | | | |
| Nonresid Providin Parents of and stude Students year in which is the students of the stude | dent students or g false informat or guardians of t ent placement w not selected for which they wish ad and understa | the family of nonresident students ration on this application will result in the nonresident students selected for within 5 business days from the notion nonresident enrollment through the to be considered for nonresident enrollment through the second se | ion or long-term suspension from their curre must provide transportation to and from the a disqualification from nonresident enrollment or enrollment, including siblings, must acknowledge and the nonresident enrollment may be lottery selection process or due to a lack of arrollment. | assigned school. ent eligibility. owledge receipt of acceptanc be denied. of capacity must reapply each | | | |
| Signature | | | Date | | | | |
| Please contact | me regarding | lottery results via: | | | | | |
| Email (1 | please provide | email address): | | | | | |
| Phone C | Call (please pro | ovide phone number): | | | | | |
| ~ | - | , | | | | | |
| | | mendation: | | | | | |
| Date Application | on Received:_ | | | | | | |
| Principal/Spec | ial Education [| Director Comments: | | | | | |
| — Approved | ○ Denied | Principal | | Date: | | | |
| O Approved | Openied | Superintendent | | Date: | | | |
| O Approved | ODenied | Special Ed Director | | Date: | | | |
| ∆nnroved | ○ Denied | Board of Education President | | Date: | | | |