

**Unified School District #410
Durham-Hillsboro-Lehigh**

Request for Admission of an Out-of-District Student

Directions: Please complete the following form and submit it to:
Max Heinrichs, Superintendent
USD 410
812 East A
Hillsboro, KS 67063.
620-947-3184

Questions about completing this form may be directed to the superintendent or the principal of the building in which the student is requesting to be enrolled.

Date of Application: _____

Requested Date of Admission: _____ Building Requested: _____

A. Student Information

Name: _____

Address: _____

Phone Number: _____

B. School where student is presently or was previously enrolled

(if student is not presently enrolled, please provide information about last school attended)

School Name: _____

Phone Number: _____

Address: _____

Current Grade Level: _____

C. Parent Information

Father's/Guardian's Name: _____

Address: _____

Employer: _____

Phone # (Home) _____ Phone # (Work) _____

Mother's/Guardian's Name: _____

Address: _____

Employer: _____

Phone # (Home) _____ Phone # (Work) _____

C. Additional Information

1. Reason(s) for requesting attendance in USD 410:
- | | | | |
|--------------------------|--|--------------------------|----------------|
| <input type="checkbox"/> | Continued attendance in USD 410 from previous year | <input type="checkbox"/> | Friends Attend |
| <input type="checkbox"/> | Proximity to Parent Work | <input type="checkbox"/> | Other _____ |
| <input type="checkbox"/> | Extra-Curricular Program | | |
| <input type="checkbox"/> | Proximity to Home | | |
| <input type="checkbox"/> | Know Teacher or Staff | | |
| <input type="checkbox"/> | Educational Program | | |
| <input type="checkbox"/> | Unhappy at Previous School | | |
2. Does your student currently participate in any of the following programs?
- | | Yes | No |
|--------------------------|--------------------------|--------------------------|
| Special Education | <input type="checkbox"/> | <input type="checkbox"/> |
| Gifted | <input type="checkbox"/> | <input type="checkbox"/> |
| Title I | <input type="checkbox"/> | <input type="checkbox"/> |
| At-Risk | <input type="checkbox"/> | <input type="checkbox"/> |
| English Language Learner | <input type="checkbox"/> | <input type="checkbox"/> |
3. How many days has the student been absent from school in the:
- a. previous grading period (nine weeks)? _____
- b. previous school year? _____
4. For high school students, what is the applicant student's grade point average?
- _____
5. In the previous school year, was the applicant student suspended or expelled from school?
- Yes
- No
6. Does the applicant student have adjudicated offender status?
- Yes
- No
- If yes, please provide details.
7. How will the applicant student be transported to school?

I consent to allow USD 410 to request my student's records from the school previously attended.

Parent/Guardian Signature: _____

Date: _____