

OUT OF DISTRICT STUDENTS

Request and Agreement for Nonresident Student to Attend

THE RACELAND-WORTHINGTON INDEPENDENT SCHOOL DISTRICT
FOR THE SCHOOL YEAR 20 ____ TO 20 ____

Pupil's Name _____ Present Grade _____

Pupil's Address _____

Parent's Name _____ Phone _____

Parent's Address _____

Relationship to student _____ Number of years at this residence _____

Name of school district in which pupil resides _____ Phone _____

Transfers involving athletics will be in accordance with KHSAA by-laws.

No transportation or homebound services are provided for out of district students.

Reason for requesting transfer (use back side of paper if additional space is needed).

The Raceland-Worthington Independent School District is happy you have chosen to apply to our schools for the education of your child(ren). However, we ask you to support our requirements for admission of nonresident students. The following items must be submitted with this form:

birth certificate or other reliable proof of student's identity and age and an affidavit of the inability to produce a copy of the birth certificate

valid immunization certificate physical exam transcript of grades

Is your child eligible for any of the following extra services? (If so, please check the appropriate item.)

gifted and talented program special education 504 accommodations other: _____

Please include other relevant information where appropriate such as:

*current IEP *most recent psychological education report *most recent IEP meeting documentation

Once the school principal determines accepted or not accepted, you as the parent or guardian need to be aware that your child(ren) must maintain acceptable academic progress, good behavior and regular school attendance to be able to continue attending school in the Raceland-Worthington Independent School System.

Parent's Signature

Date

Note: Raceland-Worthington Independent Schools takes into consideration our maximum case loads and enrollments. Transfer of pupils must be made on a yearly basis. A transfer for one (1) year does not assure approval for successive years.

Recommendation of School Administrator

Accepted

Not Accepted

Principal's Signature

Date

Send a copy of this form to Superintendent on the day of approval.

Superintendent's Signature _____ Date _____

RELATED PROCEDURE: 09.12 AP.1

Review/Revised:7/22/14