NORTHWEST COMMUNITY SCHOOLS
STATE AID RELEASE APPLICATION

Student's Name _____ Date of Birth _____

Student's Address _____ Zip _____

Name of School Presently Attending _____ Grade _____

Person Requesting State Aid Release _____

Relationship to Student _____ Contact Number _____

School District in Which Student Resides _____

REASON FOR REQUEST:

☐ Collaborative Schools of Choice Program

☐ The parents have purchased or are in the process of purchasing a home in the Northwest School District and expect to occupy the home prior to the end of the 1st Trimester.

☐ The parents have a home under construction in the Northwest School District and expect to occupy the home prior to the end of the 1st Trimester.

☐ The pupil is a continuing student from the previous year and moved after the schools of choice enrollment period.

☐ The pupil has requested to enroll in our alternative education program.

☐ Other: Please state reason(s):

_____

_____

_____

_____ _____

Signature of Parent/Legal Guardian Requesting Non-Resident Admission **Date**

ACTION: ☐ Approved ☐ Not Approved

If not approved, please provide reason(s):

_____

_____

_____ _____

Superintendent **Date** **Principal** **Date**