



**Nonresident Pupil Admission**

**WE AGREE TO ABIDE BY THE TERMS AND CONDITIONS OF THIS APPLICATION AND WE UNDERSTAND THAT FALSE INFORMATION MAY BE GROUNDS FOR DENYING THIS APPLICATION OR CHANGING FUTURE STATUS.**

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

If you are a Kenton County School District full-time employee and you are the legal parent/guardian of this student, please complete the following:

Employee Name: \_\_\_\_\_ School/Job Site: \_\_\_\_\_

Please return this completed form (front and back) to the Principal of the school to which application is made.

<b>This Area to be Completed by Kenton County School District Staff Only</b>
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Signature below shows application is **APPROVED**

Principal's Signature Showing Approval \_\_\_\_\_

Date of Review/Signature \_\_\_\_\_

Date Notification Sent to Parent \_\_\_\_\_

Superintendent's/designee's Signature \_\_\_\_\_

Date of Review/Signature \_\_\_\_\_

Application **DENIED**

Principal's Signature Showing Denial \_\_\_\_\_

Date of Review/Signature \_\_\_\_\_

Reason(s) for Denial: \_\_\_\_\_

Date Notification Sent to Parent \_\_\_\_\_

Superintendent's/designee's Signature \_\_\_\_\_

Date of Review/Signature \_\_\_\_\_

*The Kenton County School District does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs or activities and provides equal access to the Boy Scouts, Girl Scouts of the United States of America, and other designated youth groups.*

*"El Distrito Escolar del Condado de Kenton no discrimina en base a raza, color, origen nacional, sexo, discapacidad o edad, en sus programas o actividades y proporciona un acceso igualitario a los Boy Scouts, Girl Scouts de los Estados Unidos de América, y otros grupos de jóvenes designados."*

**Employee Request for Nonresident Pupil Admission for Preschool Program**

\_\_\_\_\_ School Year

Applications Due By \_\_\_\_\_

**Terms and conditions of nonresident pupil/tuition application – Please read the entire form prior to completing and submitting this form.**

**Parents are responsible for all transportation to/from school if accepted.**

Nonresident applications for students of full-time employees who live outside the District, or employees of the District seeking to enroll a non-qualifying student, are considered only if there is adequate capacity is available at the school. Adequate capacity is defined as adequate space per recommended State Cap existing in the grade level/classes in the school, and there is no undue impact on the programmatic needs of the school/District.

- Assuming space is available, cases will be **considered for acceptance based on students abiding by the following criteria:**
  - Age appropriate progress and effort as determined by Developmental Guidelines.
  - Following of District attendance policies including matching the District's average attendance and not exceeding six (6) unexcused absences.
  - Behave in accordance with the Code of Expected Behavior and Conduct.
  - Parent(s)/guardian(s) are cooperative and supportive in their working relationship with the school.
- **If approved**, this commitment is for one (1) school year and is **subject to the following limitations:**
  - Applications are to be made each school year.
  - Applications must be received and reviewed by the District Preschool Office and Building Principal following enrollment guidelines.

Date of Application: \_\_\_\_\_

School Year for Application: \_\_\_\_\_

Grade for which Application is Made: \_\_\_\_\_

Student's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address of Residence \_\_\_\_\_  
Street City State Zip

Name of Parent/Legal Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Father's Work #: \_\_\_\_\_ Mother's Work #: \_\_\_\_\_

Father's Cell #: \_\_\_\_\_ Mother's Cell #: \_\_\_\_\_

School of Residence: \_\_\_\_\_

School Applying For: \_\_\_\_\_

School Presently Attending: \_\_\_\_\_

If **NEW** to School of Application, Please Indicate Reason for request Tuition:

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### **Request for Nonresident Pupil Admission for Preschool Program**

Please list, beginning with the most recent, in order the preschools/daycares(s) your child has attended in the past.

Name of School \_\_\_\_\_ Dates: \_\_\_\_\_

Name of School \_\_\_\_\_ Dates: \_\_\_\_\_

Other information you wish to share: \_\_\_\_\_

**WE AGREE TO ABIDE BY THE TERMS AND CONDITIONS OF THIS APPLICATION AND WE UNDERSTAND THAT FALSE INFORMATION MAY BE GROUNDS FOR DENYING THIS APPLICATION OR CHANGING FUTURE STATUS.**

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Kenton County School District Full-Time Employee Name: \_\_\_\_\_

School/Job Site: \_\_\_\_\_

**Please return this completed form (front and back) to the DISTRICT PRESCHOOL OFFICE.**

#### **This Area to be Completed by Kenton County School District Staff Only**

Signature below shows application is **APPROVED**

District Preschool Office Signature Showing Approval \_\_\_\_\_ Date of Review/Signature \_\_\_\_\_

Principal's Signature Showing Approval \_\_\_\_\_ Date of Review/Signature \_\_\_\_\_

Date Notification Sent to Parent: \_\_\_\_\_

Superintendent's/designee's Signature \_\_\_\_\_ Date of Review/Signature \_\_\_\_\_

Application **DENIED**

District Preschool Office Signature Showing Denial \_\_\_\_\_ Date of Review/Signature \_\_\_\_\_

Principal's Signature Showing Denial \_\_\_\_\_ Date of Review/Signature \_\_\_\_\_

Reason(s) for Denial: \_\_\_\_\_

Date Notification Sent to Parent: \_\_\_\_\_

Superintendent's/designee's Signature \_\_\_\_\_ Date of Review/Signature \_\_\_\_\_

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Review/Revised:8/4/2025