

Nonresident Pupil Admission

2026 – 2027 School Year

Application Window: Nov. 24, 2025 to Jan. 9, 2026

Terms and conditions of Nonresident Pupil Admission – Please read the entire form prior to completing and submitting this form.

Tuition fees must be paid no later than August 10th or upon acceptance. Fees are not prorated. Fees are refundable only if a tuition-paying family moves in to the Kenton County School District within the first sixty (60) days following initial payment. The tuition fee is \$500 per student/per school year for students living in another Kentucky school district. Students whose primary residence is outside of the State of Kentucky shall be subject to the tuition amount equal to the current Supporting Education Excellence in Kentucky (SEEK) allocation per pupil plus the annual fee of five hundred dollars (\$500.00) as stated above. The applied SEEK amount may be prorated based on the number of days enrolled in the District. Tuition fees are applied according to Board Policy 09.124.

Parents must submit a copy of their child’s report card, attendance, discipline records, individual education plans, and 504 plans, etc. with this application. Parents are also responsible for all transportation to/from school if accepted. (Students must arrive no earlier than twenty (20) minutes before school and be picked up at dismissal time.)

- Nonresident pupil/Tuition applications will only be considered if adequate capacity is available at the school. Adequate capacity is defined as adequate space per recommended State Cap 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 four (4) criteria:**
 - Satisfactory academic progress and effort as determined by the Principal.
 - 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 by the Building Principal following enrollment guidelines.
- Transfers involving athletics will be in accordance with Kentucky High School athletic Association (KHSAA) By-Laws.
- **While attending the school on tuition status**, it is our expectation that parents/guardians regularly monitor student’s academic performance, behavior, and attendance to assist and support maintaining satisfactory levels.

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Date Application Filed: _____

School Year for which Application is Made: _____ 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 #: _____

Father’s Email: _____ Mother’s Email: _____

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

Name of School _____ Year _____ Grade _____

Name of School _____ Year _____ Grade _____

Name of School _____ Year _____ Grade _____

Which school is holding your child’s permanent records? _____

Other information you wish to share: _____

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.

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

Signature below shows application is <u>APPROVED</u>	
Principal's Signature Showing Approval	Date of Review/Signature
Date Notification Sent to Parent _____	
Superintendent's/designee's Signature	Date of Review/Signature

Application <u>DENIED</u>	
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

2026 - 2027 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.

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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 #: _____

Father’s Email: _____ Mother’s Email: _____

School of Residence: _____

School Applying For: _____

School Presently Attending: _____

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

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