

APPLICATION FOR NON-RESIDENT STUDENT

For the purposes of this application, the following definition will apply:

Non-Resident Student -- A student whose parent(s), legal guardian(s), or legal custodian(s) does not maintain legal residency within the boundaries of School District Number One, Park County, Powell, Wyoming.

Please Submit Completed Application to District Office at 160 North Evarts St., or email to JIRuward@pcsd1.org

STUDENT INFORMATION

Last Name	First Name	Middle Name
Gender	Birthdate (mm/dd/yyyy)	Request Year Grade

Reason(s) for this request

- | | |
|---|-------------|
| | (check one) |
| 1. Has your student been expelled from any district in the last 12 months? | Y N |
| 2. Does your student currently have, or have ever had, an IEP?**(Individualized Education Plan?) (If Yes, Please Attach a Copy)* | Y N |
| 3. Does your student have a 504 or Behavior Intervention Plan Plan?*(If Yes, Please Attach a Copy)* | Y N |
| 4. Has your student had any school related discipline within the last year? (If Yes, Please Attach a Copy of the behavior record)** | Y N |

**Failure to Attach a copy of the requested documentation will prevent the district from considering the request.*

***All Special Education transfers will be reviewed for program availability by Director of Special Education.*

******Transportation as a related service in the IEP/504 becomes the responsibility of the parent.******

SIBLING INFORMATION

- 1. Does the student have siblings? (if no, skip to next section) Y N

- 2. Are you submitting an Non-Resident application to this district for another sibling? (If Yes, please list names and grades in the space provided) Y N

- 3. Would you withdraw this request if the other sibling(s) request were NOT approved? Y N

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name	Email address
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Home Address

City	Zip Code	Phone#
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- Is the parent/guardian currently employed by PCSD#1* Y N

PARENT/GUARDIAN AGREEMENT

- 1. By signing this form, I signify that I understand that enrollment is not guaranteed, and that the district will consider space, student behavior, regular education staffing needs, and special education staffing needs when evaluating this application.
- 2. Approval of the request is for **THE CURRENT SCHOOL YEAR ONLY**. Lack of space or staffing needs may result in denial in subsequent years.
- 3. **I will assume ALL responsibility for transportation to and from school.**
****Transportation as a related service in the IEP/504 becomes the responsibility of the parent.****
- 4. According to Wyoming High School Activities Association (WHSAA) policies, my student's eligibility for varsity level competition in sports may be affected at the high school level if this transfer is approved.
- 5. If approved, this request is for the above-named student ONLY and does not include approval priority for siblings.
- 6. **In the event any information is falsified or withheld from the district during the admission process, approval for admission will be immediately withdrawn.**

The school may ask parents to provide copies of middle and/or high school student transcripts AND Behavior Records.

Parent Signature

Date

Once submitted with all appropriate documentation, please allow up to **5 business days** for notification of application status

OFFICE USE ONLY

Principal Signature

Date

Special Education Director Signature (If Applicable)

Date

Superintendent Signature

Date