

OUT-OF-DISTRICT APPLICATION ELL-SALINE USD 307

Please fill out the following information and return to: Ell-Saline, USD 307

412 E. Anderson, P.O. Box 157
Brookville, KS 67425-0157
Phone 785-225-6813 — FAX 785-225-6815

Date of Application ______, 20_____

Date Rec'd.	
Date Rev'd.	
Bld. Prin	
Approv. Ltr	

	Applic	ation for the 20	0 20 scl	hool year	
Student's Legal Name	Tana	Ti	Comment of the commen	G	Dint Date
Sex (circle): Male Female	Last	First	Current Grade Level	Current School	Birth Date
			Grade Level		
Student's Legal Name					
Sex (circle): Male Female	Last	First	Current	Current School	Birth Date
			Grade Level		
Student's Legal Name					
Sex (circle): Male Female	Last	First	Ситтепт	Current School	Birth Date
(00000), 100000 1 000000	220.	1 1101	Grade Level		
Please list all other school	ls attended	l this past year i	for each student:	VIII.	
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F	100				
Has the student(s) been s	uspended o	or expelled? No	Yes		
T					
Parent's or Lawful Custo	dian's Nar	ne	0.0		
Address and need the state					
Address or Legal Resider	nce				
	Cit		State	ZIP Code	
	Cit	У	State	Zir Code	
	Ho	me Phone		Business Phone	
	110	ine i none		Dusiness I none	
Please provide reasons vo	our child(re	en) wish to atter	nd USD 307		
Trease provide reasons y	Ju. 011110(11	on, wish to altor		_0.0 (0.0, 10.0 0.0)	
			7	74-14-24	
The undersigned parent of	r lawful cu	istodian acknow	ledges that the state	ments and information above	are true and cor-
rect; that this request, if a	ipproved, v	vill be valid only	y for the school year	indicated above; and agrees to	abide by the pro-
visions of the Board Poli	cy. We do	hereby acknow	ledge that we reside	outside district boundaries and	d it is understood
that it is our responsibilit	y to meet a	USD 307 bus a	at a predetermined st	op on an established bus route	to the Attendance
Center or provide our ow	n transport	ation.	-		
-	_				
					**
Signature of Parent or La	610	0.6			
organicate of rations of the	wful Custo	odian	Date		