



**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 785-914-5602 — fax 785-225-6694

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

Date of Application \_\_\_\_\_, 20\_\_\_\_  
Application for the 20\_\_\_\_ - 20\_\_\_\_ school year

Student's Legal Name	Name					Birth Date
Sex (circle): Male Female	Last	First	Current Grade Level	Current School		
Student's Legal Name						Birth Date
Sex (circle): Male Female	Last	First	Current Grade Level	Current School		
Student's Legal Name						Birth Date
Sex (circle): Male Female	Last	First	Current Grade Level	Current School		

Please list all other schools attended this past year for each student: \_\_\_\_\_  
\_\_\_\_\_

Has the student(s) been suspended or expelled? No \_\_\_\_ Yes \_\_\_\_

Parent's or Lawful Custodian's Name \_\_\_\_\_

Address or Legal Residence \_\_\_\_\_

City State ZIP Code

Home Phone Business Phone

Please provide reasons your child(ren) wish to attend USD 307: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned parent or lawful custodian acknowledges that the statements and information above are true and correct; that this request, if approved, will be valid only for the school year indicated above; and agrees to abide by the provisions of the Board Policy. We do hereby acknowledge that we reside outside district boundaries and it is understood that it is our responsibility to meet a USD 307 bus at a predetermined stop on an established bus route to the Attendance Center or provide our own transportation.

Signature of Parent or Lawful Custodian \_\_\_\_\_ Date \_\_\_\_\_