



# OUT-OF-DISTRICT APPLICATION ELL-SALINE USD 307

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

Date of Application \_\_\_\_\_, 20\_\_\_\_

Application for the 20\_\_\_\_ - 20\_\_\_\_ school year

Please fill out the following information and return to: Ell-Saline, USD 307, 412 E. Anderson, P.O. Box 157, Brookville, KS 67425-0157 or email to [bjohnson@ellsaline.org](mailto:bjohnson@ellsaline.org) by June 30th. If you have any questions, please contact the District Office at 785-914-5602.

Student's Legal Name \_\_\_\_\_  
Last Name First Name Middle Name

Birth Date: \_\_\_\_\_ Sex (circle): Male Female

Current School District: \_\_\_\_\_ Current School: \_\_\_\_\_

Grade Level (Next Year): \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

Current Address: \_\_\_\_\_

Cell/Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent/Guardina Email: \_\_\_\_\_

Please list all other schools attended:

USD #	School	Grades Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List all siblings residing in the same household:

Name	Age	Grade (Next Year)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

