



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 2025 - 2026 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 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)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



OUT-OF-DISTRICT APPLICATION ELL-SALINE USD 307

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

Student's Legal Name _____
Last Name First Name Middle Name

Good Standing

Fill in the blanks below for each request and include documentation from the current school.

1. List the **number of credits** earned at the completion of the 24-25 School Year (High School): _____
2. Number of **days absent** from school in 2024-2025: Excused _____ Unexcused _____
3. **How many times** was the student suspended from school during the 24-25 School Year (include In-School Suspensions and Out-of-School Suspensions): _____
4. **Number of days** suspended from school in 2024-2025:
In-School Suspension _____ Out-of-School Suspension _____
5. Is the student currently long-term suspended or expelled from their current school? No ____ Yes ____

**** Submit the student applicant's academic, attendance, and behavior records with this application. ****

Acknowledgements

- Nonresident students will only be considered for the grade level and/or high school building where capacity has been determined.
- The nonresident student must not currently be under expulsion or long-term suspension from their current school district.
- Nonresident students or the family of nonresident students must provide transportation to and from the assigned school.
- When applicable, a new Individualized Education Plan (IEP) will be developed upon enrollment.
- Providing false information on this application will result in disqualification from nonresident enrollment eligibility.
- Parents or guardians of the nonresident students selected for enrollment, including siblings, must acknowledge receipt of acceptance and student placement within 5 business days from the notification or the nonresident enrollment may be denied.

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 _____