

# Ashland School District 5

Code: JECB-AR(5)  
Revised/Reviewed: 6/12/17

## Application for Nonresident Student Admission – Tuition Students

School Year _____	<b>For Office Use Only</b> Student ID# _____
Nonresident District _____	Resident District _____

### Student Information

Legal Last Name \_\_\_\_\_ Legal First Name \_\_\_\_\_ Legal Middle Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ Apartment # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ (MM/DD/YY) Student Grade Level \_\_\_\_\_

Primary Phone of Parent/Guardian \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Parent/Guardian Name (Person in Parental Relationship) \_\_\_\_\_

Is the student currently under expulsion? ☐ Yes ☐ No

If yes, what was the reason? \_\_\_\_\_

If my child is admitted, I hereby authorize the release of the student educational records to \_\_\_\_\_  
(name of district) and certify that I am the parent or guardian in legal custody of the student.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

<b>For Office Use Only:</b>  Final Action of Nonresident District: <input type="checkbox"/> Approved <input type="checkbox"/> Denied  Reason for denial or comments: _____  Superintendent/Designee: _____ Date _____
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