

Ashland School District 5

Code: JECB-AR(5)

Revised/Reviewed: 6/12/17

Application for Nonresident Student Admission – Tuition Students

For Office Use Only

School Year _____

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 _____

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Final Action of Nonresident District: Approved Denied

Reason for denial or comments: _____

Superintendent/Designee: _____ Date _____