OUT-OF-DISTRICT APPLICATION / BISD ENROLLMENT

41.

Parent Name (s):	Physical Address:
	Do you reside at this address?
Reason(s) you are requesting enrollment in Brackett ISD:	Phone:
	Mailing Address:
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	List children for whom you are seeking enrollment, and date of birth:
	Enrollment is for:
	Current school year Next school year

Return application to address below. Applications will be determined on an individual basis pending approval.

Brackett ISD PO Box 586 Brackettville, TX 78832 Fax: 830/563-9264

Brackett Independent School District board policy (*FDA Local*) states enrollment for outof-district students will be considered on a case by case basis. *The following information is needed for consideration/approval:*

Student Name:	Social Security #:	Grade:
School attended last year:	(Include Principal's name, school address, & phone	number.)
Can the student return to th Were there serious disciplin If yes, list infractions.	nis school next year? nary infractions while attending this school?	-
	Math History Science	
Or, Standardized Test Scor	res: Score(s)	

*Attach copies of report card and all standardized test scores taken for each child.

You will be notified by the district as soon as approval is granted. Thank you.

Student Name:	Social Security #:	Grade:		
School attended last year:	(Include Principal's name, school address, & phone	e number.)		
Can the student return to this school next year? Were there serious disciplinary infractions while attending this school? If yes, list infractions.				
Grade average last year:	·			
Reading/Language Arts _ Or, Standardized Test Sco				
Name of Test	Score(s)	_		

Student Name:	Social Security #:	Grade:		
School attended last year:	(Include Principal's name, school address, & phon	e number.)		
Can the student return to this school next year? Were there serious disciplinary infractions while attending this school? If yes, list infractions.				
Grade average last year:				
Reading/Language Arts _ Or, Standardized Test Sco	Math History Science res:			
Name of Test	Score(s)			

	RATOR RECOMMENDATION
Name of Student:	Grade:
Recommendation is based on the following:	
ACADEMICS (include Comments)	
· · · ·	
BEHAVIOR (Include Comments)	
ATTENDANCE (Include Comments)	
Enrollment Recommended: Y	/es No
Signature of Administrator	Date
Enrollment Approved	Enrollment Denied
Signature of Superintendent	Date
Admin./Campus is responsible for informing providing further information about enrollme	