



West Carroll Special School District

Out-of-District/Non Resident Student

Request for Enrollment and Attendance

Demographic Information

Student's Name: _____ Grade: _____
(Print – Last, First, Middle Initial)

Address of Residence: _____
(911/Physical Address) (City, State, Zip)

Parent/Guardian Name: _____
(Please Print)

Date of Request: _____ Home District: _____

Reason for Leaving District of Residence (Home District)

(To be completed by parent/guardian)

Home District Superintendent's Permission to Leave

I _____, grant permission for _____
(Superintendent/Director of Schools) (Student)

to attend school in the West Carroll Special School District. I confirm that the above named student has fulfilled all obligations (academic, financial, and disciplinary) necessary for release under this district's guidelines and is free and clear to enroll in/attend West Carroll Special School District.

Superintendent's Signature: _____ Date: _____

Student/Parent Agreement

We the undersigned have read the requirements for attendance in the West Carroll Special School District and agree to adhere to all policies and procedures set forth by the West Carroll Board of Education, outlined in the district *Student and Parent Handbook*, and published in the school handbook as well as to maintain an acceptable academic and attendance record. We understand that in the event that these expectations are not met, this student can and will be asked to return to his/her home district. We understand that completion of this application does not guarantee acceptance into a West Carroll School and that under WCSSD board policy, enrollment of a student who resides outside District boundaries is at the sole discretion of the WCSSD Director of Schools.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

OFFICE USE ONLY

Approved for Enrollment: _____ WCSSD Director of Schools: _____

Yes _____ No _____ Date: _____