

Sedgwick Public Schools USD 439
NON-RESIDENT STUDENT ADMITTANCE APPLICATION

Date of Application _____

Printed Name of Parent / Guardian _____

Signature of Parent / Guardian _____

Address _____

City _____

Zip Code _____

Daytime Telephone Number _____

Home Telephone Number _____

School District in which you live _____

This is a request, as per board policy #JBC, Enrollment, for admittance of:

(Full Name of Student)

(Grade)

(Full Name of Student)

(Grade)

to Sedgwick Public Schools USD 439 for the _____ school year.

Transportation from district boundary is requested. _____ yes _____ no

Previously attended what school? _____

Name of School

City

State

Please forward your request to USD 439, PO Box K, Sedgwick KS 67135

~~~~SCHOOL DISTRICT USE ONLY~~~~

It is my recommendation to the USD 439 Board of Education that this request be

\_\_\_\_\_ approved \_\_\_\_\_ denied.

\_\_\_\_\_

\_\_\_\_\_

Signature(s), Building Principal(s) \_\_\_\_\_

Date \_\_\_\_\_

Dear Parent / Guardian:

Your request for admittance of your child(ren) to Sedgwick Public Schools USD 439 was

\_\_\_\_\_ approved \_\_\_\_\_ denied by the Board of Education.

Board of Education President \_\_\_\_\_

Date \_\_\_\_\_

Rev. 5/05