



**APPLICATION FOR ENROLLMENT
OUT-OF-COUNTY STUDENT**

**2016-2017
EMPLOYEE**

Student's Name _____ Age _____ Grade _____
(During the 2016-2017 School Year)

Student's Social Security Number _____

Last School Attended _____

County Where Student Resides _____

School to Which Enrollment Is Requested _____

Does student receive EC services? _____ Yes _____ No If yes, what services? _____

DCS location parent employed: _____; Job Title _____; Hours employed: _____

I understand that acceptance for enrollment is subject to the following:

- 1) Release is obtained from the administrative unit where the student resides (attach copy). **Student cannot enroll until release is obtained.**

Parent Signature _____

Address _____

Telephone # _____

Date: _____

FOR OFFICE USE ONLY:

Superintendent Date

_____ Parent/Guardian Notified