



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

**2015-2016  
EMPLOYEE**

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

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