



**Out of District Student Application
Candor Central School District**

2023 – 2024 School Year

<u>APPROVED</u>	
Building Principal	_____
Superintendent	_____

PLEASE DOWNLOAD FORM TO YOUR DEVICE BEFORE FILLING OUT.

Student Information:

Name: _____

Name: _____

Date of Birth: ____/____/____

Date of Birth: ____/____/____

Grade Level: _____

Grade Level: _____

(space for more children is on back of the sheet)

Residence:

Street: _____

City: _____ State: _____ Zip Code: _____

Current/Previous School District: _____

Contact Person: _____ Title: _____

Parent/Guardian(s):

Name: _____ Name: _____

Phone #: _____ Phone #: _____

E-Mail: _____ E-Mail: _____

State a brief reason as to why you would like your child to attend Candor Schools:

Parent/Guardian Completing this form: _____

Date: ____/____/____

Submit completed form to: Candor Schools, Attn: Kathy Hinkle, 1 Academy Street, Candor NY 13743

Name: _____

Date of Birth: ____/____/____

Grade Level: _____

Name: _____

Date of Birth: ____/____/____

Grade Level: _____

Name: _____

Date of Birth: ____/____/____

Grade Level: _____

Name: _____

Date of Birth: ____/____/____

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Grade Level: _____