

**FREMONT COUNTY SCHOOL DISTRICT JOINT AGREEMENT  
APPLICATION FOR ENROLLMENT/TRANSFER OF NON-RESIDENT STUDENT**

Date of Application \_\_\_\_\_ For School Year \_\_\_\_\_

Instructions: Please complete items 1-3 then take this form to the school you are transferring from and have the principal complete items 4-11. When 1-11 are completed, take this form to the Superintendent of the school your child is currently attending for an approval or denial of this request. If approved, take this form to the school you wish to enroll in.

**1. Student information:** Name of school your child has been attending \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Gender \_\_\_\_\_ Birthdate (mm/dd/yyyy) \_\_\_\_\_ Request year grade \_\_\_\_\_

2. Reason for request to transfer: \_\_\_\_\_  
\_\_\_\_\_

3. Name of school your child is applying to \_\_\_\_\_

**Please include with this form an unofficial transcript, current grades, behavior Intervention Plan or 504 and special education records for scheduling purposes. Failure to attach a copy of the requested documentation will prevent the district from considering the request.**

**Parent Information:**

Parent/Guardian Name(s) \_\_\_\_\_ Email Address \_\_\_\_\_

Home Address \_\_\_\_\_

Phone # (s) \_\_\_\_\_ Mailing Address \_\_\_\_\_

Is the Parent/Guardian currently employed by the school transferring to? Yes \_\_\_\_\_ No \_\_\_\_\_

- A. By signing this form, I signify that I understand enrollment is not guaranteed, and the district will consider student grades, attendance, student behavior, class size limitations, and special education staffing needs when evaluating this application.
- B. Approval of this request is for the current school year only. Lack of space or staffing needs may result in denial in subsequent years.
- C. According to Wyoming High School Activities Association (WHSAA) policies, my student's eligibility for varsity level competition in sports may be affected at the high school level if this transfer is approved.
- D. If approved, this request is for the above-named student ONLY.
- E. \*\*\*Transportation becomes the responsibility of the parent.\*\*\*
- F. **In the event any information is falsified or withheld from the district during the admission process, approval for admission will be immediately withdrawn.**

Parent Signature

Print Name

Date

If you are applying to the same school district your child attended last year, check this box and do not complete the rest of the form. Checking this serves as a reapplication to the non-resident school. This is not a guarantee of approval.

Administrative information completed by Principal or Assistant Principal of school **currently attending.**

4. Last Date of attendance \_\_\_\_\_
5. Number of absences this past semester or this semester \_\_\_\_\_
6. Has the student been dropped from your school due to attendance or discipline issues?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, please provide documentation.
7. Is this student leaving your school pending disciplinary record? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please provide documentation.
8. Does this student have a disciplinary record? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please provide documentation.
9. Is this student receiving any special education services? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please include most recent IEP.
10. Is this student identified as an ELL student? Yes \_\_\_\_\_ No \_\_\_\_\_

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Administrative Signature

Date

**School District of Residence** (school district student LIVES in) Fremont county School District # \_\_\_\_\_

\_\_\_\_\_ APPROVED \_\_\_\_\_ DENIED

\*\*Signature of School Superintendent

Date

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**School District Currently Attending** Fremont county School District # \_\_\_\_\_

\_\_\_\_\_ APPROVED \_\_\_\_\_ DENIED

\*\*Signature of School Superintendent

Date

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**Receiving School** (school district you are applying to) Fremont county School District # \_\_\_\_\_

\_\_\_\_\_ APPROVED \_\_\_\_\_ DENIED

Conditions of Enrollment: \_\_\_\_\_

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\*\*Signature of Receiving School Administrator

Date

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\*\*Signature of School Superintendent

Date