

USD 310 Fairfield Request for Nonresident Enrollment Form
(Please complete one form for each child.)

Name of Student:

Date of Birth: ____/____/____ Grade (next year): _____

Name of Parent/Guardian: _____

Current Address: _____

Cell / Home Phone: _____ Work Phone: _____

Current school district: _____ Current School: _____

List previous schools attended beginning with the most recent:

USD #	School	Grades Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List all current siblings residing in the same household:

Name	Age	Grade (next year)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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Acknowledgements

- Nonresident students will only be considered for the grade level and/or high school building where capacity has been determined.
- The nonresident student must not currently be under expulsion or long-term suspension from their current school district.
- Nonresident students or the family of nonresident students must provide transportation to and from the assigned school.
- When applicable, a new Individualized Education Plan (IEP) will be developed upon enrollment.
- Providing false information on this application will result in disqualification from nonresident enrollment eligibility.
- Parents or guardians of the nonresident students selected for enrollment, including siblings, must acknowledge receipt of acceptance and student placement within 10 business days from the notification or the nonresident enrollment may be denied.
- Nonresident students shall not be exempt from the requirements of the Kansas State High School Activities Association (KSHSAA) regarding eligibility to participate in KSHSAA activities.
- If your student has a need for an educational program that is housed in another RCEC school district, the receiving district's capacity policy will be enforced.

I have read and understand the acknowledgements outlined in this application and declare that all of the information I have provided is true and accurate to the best of my knowledge.

Signature

Date

Contact me regarding enrollment status via (circle one):

Email / Phone Call / Mail

Email Address / Phone Number / Mailing Address

Date Application Received: _____

Administrative Determination and Reasoning:

- Approved (Student Meets Priority Enrollment Criteria regardless of Capacity [Question 3, 4, or 5])
- Approved
- Denied (Reason: _____)