

Ashland School District 5

Code: **JECB-AR(3)**
Revised/Reviewed: 6/12/17

Application for Nonresident Student Admission – Open Enrollment
(Consent by Nonresident District only)

School Year _____ **For Office Use Only**
Student ID# _____

Student Information

Legal Last Name _____ Legal First Name _____ Legal Middle Name _____

Mailing Address _____ Apartment # _____

City _____ State _____ Zip _____

Date of Birth _____ (MM/DD/YY) Student Grade Level in [2014-2015] _____

Primary Phone of Parent/Guardian _____ Secondary Phone _____

Email Address _____

Parent/Guardian Name (Person in Parental Relationship) _____

Is the student currently under expulsion? Yes No

If yes, what was the reason? _____

Is there a sibling of this applicant currently attending in this district? Yes No

If yes, name of sibling and school attending: _____

If my child is admitted, I hereby authorize the release of the student educational records to _____
(name of district) and certify that I am the parent or guardian in legal custody of the student.

Signature of Parent/Guardian _____ Date _____

For Office Use Only:

Final Action of Nonresident District: Approved Denied Lottery number _____

Reason for denial or comments: _____

Superintendent/Designee: _____ Date _____