# USD 320
# Out-of-District Student Application

*(for students who reside out of district)*

School Year: _____

Request to Attend: ☐ Central Elem.  ☐ West Elem.  ☐ Wamego Middle School  ☐ Wamego High School

Student Name: _____  Age: _____  Grade: _____

Parent(s)/Guardian(s) Name: _____  Phone: _____

Street Address (street, city, state, zip): _____

Mailing Address (street, city, state, zip): _____

Previous School Attended: _____

Address of Previous School Attended: _____

Phone Number of Previous School Attended: _____

Reason for Attendance in USD 320: _____

Do you have other child(ren) attending Wamego Schools?  ☐ Yes    ☐ No

If yes, which school (check all that apply):    ○ Central    ○ West    ○ WMS    ○ WHS

What school district do you currently reside in? _____

All non-resident students will have to apply for permission to attend school in USD 320.

Any student who is currently suspended or expelled in their home district will not be admitted into USD 320.

**Release of Information:** (required)

I, _____, do hereby authorize representatives from USD 320, Wamego Public

Schools, to have access to all disciplinary files or notes for my child, _____, whose last

attendance center was _____ (name of school and school district).

Signature _____  Date: _____

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**Administrative Recommendation:**

Date Application Received:_____

Principal/Special Education Director Comments: _____

_____

_____

○ Approved  ○ Denied  Principal_____  Date: _____

○ Approved  ○ Denied  Superintendent_____  Date: _____

○ Approved  ○ Denied  Special Ed Director _____  Date: _____

○ Approved  ○ Denied  Board of Education President_____  Date: _____