

Port Orford-Langlois School District 2CJ

See current version

Code: JECB-AR(3)
Adopted: 9/10/96
Readopted: 6/8/04; 2/13/12
Orig. Code(s): JECB-AR(3)

Request for Nonresident Student Admission

(Version 1)

(Consent by Nonresident District Only)

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For Office Use Only

Student ID# _____

School Year _____

Nonresident District _____

Resident District _____

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

Street Address _____

Apartment Complex _____ Apartment # _____

City _____ State _____ Zip _____

Date of Birth _____ Enrolled Grade [2011-2012] _____

Primary Phone of Parent/Guardian _____ Secondary Phone _____

Parent/Guardian Name (Person in Parental Relationship) _____

Is the student currently (as of April 1) under expulsion? Yes No

If yes, what was the reason: _____

Expelled from which district: _____

I hereby certify the information I have provided is true and I understand that falsely responding to any of the questions herein will result in denial and/or revocation of this application. 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 _____

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For Office Use Only:

Final Action of Nonresident District: Approved Denied Wait list Lottery number _____

Reason or comments: _____

Superintendent/Designee: _____ Date _____

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