

**USD 207 Fort Leavenworth**

**K-9 NEW NONRESIDENT ENROLLMENT REQUEST for SY 201\_/201\_**

**Active Duty:**

ILE

Assigned to Fort Leavenworth:  
Unit: \_\_\_\_\_

Deployed (attach orders)

Not Assigned to Fort Leavenworth:  
Assigned to: \_\_\_\_\_

**Civilian ILE:**

YES

**USD 207 Employee:**

Yes

Sponsors/Parent Name: \_\_\_\_\_ Rank: \_\_\_\_\_

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

lives within 45 miles:  Yes  No

Phone number(s): \_\_\_\_\_

Email Address: \_\_\_\_\_

**Student/s Information**

Name	DOB	Grade	Does your child have a :	
			Special Education IEP	Section 504 Plan
			<input type="checkbox"/> no <input type="checkbox"/> yes	<input type="checkbox"/> no <input type="checkbox"/> yes
			<input type="checkbox"/> no <input type="checkbox"/> yes	<input type="checkbox"/> no <input type="checkbox"/> yes
			<input type="checkbox"/> no <input type="checkbox"/> yes	<input type="checkbox"/> no <input type="checkbox"/> yes
			<input type="checkbox"/> no <input type="checkbox"/> yes	<input type="checkbox"/> no <input type="checkbox"/> yes
			<input type="checkbox"/> no <input type="checkbox"/> yes	<input type="checkbox"/> no <input type="checkbox"/> yes

I have received, read and acknowledged the Enrollment Policy (Board approved May 2017)

\_\_\_\_\_  
Sponsor / Parent Signature Date

**Office use ONLY**

Date received: \_\_\_\_\_  in person  via email  via mail  fax    Rec'd by: \_\_\_\_\_

AD/ILE Civilian/Employee:  Yes  No                      Applied before June 30<sup>th</sup>:  Yes  No

Placed on Waiting List:  Yes  No    Date Placed: \_\_\_\_\_

Placed in School:  Yes  No    Date Placed: \_\_\_\_\_     Bradley  Ike  Mac  PJH

Declined Due to:     Does not meet Enrollment Criteria     Grade Level Student/Ratio Teacher  
                            Building Capacity     Behavioral History

Parent notified on: \_\_\_\_\_    Notified via: \_\_\_\_\_

**Student Information Sheet**  
**(one per student)**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

**Please provide the following information regarding the most recent school year:**

92% Attendance Record:  Yes  No Attendance %: \_\_\_\_\_

Tardy requirement met:  Yes  No # of Tardies \_\_\_\_\_

In School Suspensions:  Yes  No If yes, provide date and length of each suspension:

\_\_\_\_\_  
\_\_\_\_\_

Out of School Suspensions:  Yes  No If yes, provide date and length of each suspension:

\_\_\_\_\_  
\_\_\_\_\_

Complied with Policies & Procedures:  Yes  No If no, explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Behavior Referrals:  No concern  Concern: If yes, provide date and reason for each referral: \_\_\_\_\_

\_\_\_\_\_

Prior School Contact Information: \_\_\_\_\_

\_\_\_\_\_

I hereby authorize the school listed above to provide information about criteria for nonresident enrollment (as outlined in Board Policy JBC/Guidelines for Board Policy JBC) to Fort Leavenworth School district personnel.

I verify that the information provided above is true and accurate. I further understand that failing to provide accurate information may cause the enrollment request to be denied or an enrollment approval to be revoked.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_