

## APPLICATION FOR NON-RESIDENT STUDENT

**This application is for students that were enrolled in PCSD#1 during the previous school year.**

For the purposes of this application, the following definition will apply:

*Non-Resident Student -- A student whose parent(s), legal guardian(s), or legal custodian(s) does not maintain legal residency within the boundaries of School District Number One, Park County, Powell, Wyoming.*

Please Submit Completed Application to District Office at 160 North Evarts St., or email to JIRuward@pcsd1.org

### STUDENT INFORMATION

|           |                        |                    |
|-----------|------------------------|--------------------|
| Last Name | First Name             | Middle Name        |
| Gender    | Birthdate (mm/dd/yyyy) | Request Year Grade |

Reason(s) for this request

### SIBLING INFORMATION

- |  |   |   |
|--|---|---|
| 1. Does the student have siblings? (if no, skip to next section)   | Y | N |
| 2. Are you submitting an Non-Resident application to this district for another sibling? (If Yes, please list names and grades in the space provided) | Y | N |
| <hr/>  |   |   |
| 3. Would you withdraw this request if the other sibling(s) request were NOT approved?  | Y | N |

**PARENT/GUARDIAN INFORMATION**

|   |                   |                        |
|---|-------------------|------------------------|
| _____<br>Parent/Guardian Name                                     |                   | _____<br>Email address |
| _____<br>Home Address   |                   |                        |
| _____<br>City   | _____<br>Zip Code | _____<br>Phone#        |
| <i>Is the <u>parent/guardian</u> currently employed by PCSD#1</i> |                   | Y    N                 |

**PARENT/GUARDIAN AGREEMENT**

1. By signing this form, I signify that I understand that enrollment is not guaranteed, and that the district will consider space, student behavior, regular education staffing needs, and special education staffing needs when evaluating this application.
2. Approval of the request is for **THE CURRENT SCHOOL YEAR ONLY**. Lack of space or staffing needs may result in denial in subsequent years.
3. **I will assume ALL responsibility for transportation to and from school.**  
**\*\*\*Transportation as a related service in the IEP/504 becomes the responsibility of the parent.\*\*\***
4. According to Wyoming High School Activities Association (WHSAA) policies, my student's eligibility for varsity level competition in sports may be affected at the high school level if this transfer is approved.
5. If approved, this request is for the above-named student ONLY and does not include approval priority for siblings.
6. **In the event any information is falsified or withheld from the district during the admission process, approval for admission will be immediately withdrawn.**

\_\_\_\_\_  
*Parent Signature* *Date*

Once submitted with all appropriate documentation, please allow up to  
**5 business days** for notification of application status

**OFFICE USE ONLY**

\_\_\_\_\_  
*Principal Signature* *Date*

\_\_\_\_\_  
*Special Education Director Signature (If Applicable)* *Date*

\_\_\_\_\_  
*Superintendent Signature* *Date*