

**STUDENTS
APPLICATION OF NON-PUBLIC SCHOOL STUDENT
FOR PART-TIME ENROLLMENT**

Application Process:

- Step 1: Complete Parts I, II and III of this Application.
- Step 2: Complete the attached “Statement of Person in Legal or Actual Charge or Control of a Child” form.
- Step 3: Complete Part IV of this Application, **if** you checked item (2) (b) (c) or (d) of the “Statement of Person in Legal or Actual Charge or Control of a Child” form.
- Step 4: Sign this Application in the presence of a notary

Note: You may also need to provide the following documents:

- (1) birth certificate
- (2) proof of immunization, proof of physical examination, and proof of visual evaluation, or written objections signed by parent or legal guardian
- (3) durable power of attorney (delegation of parental powers)
- (4) student records from school currently attending and school last attended & release of student records form

PART I–Student Information

Student’s Name:	DOB:	Grade Level:
Parent/Guardian’s Name(s):	Address:	Telephone:
School Currently Attending:	School Address:	Telephone:
School Last Attended:	School Address:	Telephone:
Special Needs/Concerns (e.g. health concerns) (information is requested for accommodation planning purposes): _____	Special Education Needs: ____ Yes ____ No	If “yes” describe needs: _____ _____ _____

PART II–Part-Time Enrollment Request

Semester Child seeks to begin attending:	
Course(s) or Program(s) in which Child seeks to enroll:	
If the Course is an Integrated Course (e.g. Algebra II), provide description of courses Child has passed to meet prerequisites:	
State whether the Course or Program is offered in the Child’s School:	

REACHED DURING THE SCHOOL DAY, THOSE PARTS OF THE FORM MAY BE LEFT BLANK AND A BOX MAY BE MARKED ACKNOWLEDGING THAT THESE ARE THE REASONS THESE PARTS OF THE FORM WERE LEFT BLANK. THE ADULT WITH LEGAL OR ACTUAL CHARGE OR CONTROL OF THIS STUDENT SHALL ALSO SIGN THE FORM.

_____This child is homeless, which is the reason items were left blank.

_____This adult does not have a phone number or address where they may generally be reached during the school day

(FOR SCHOOL'S USE)

APPLICATION STATUS

- | | | |
|------------------|--------------|--|
| Decision: | Not Admitted | <input type="checkbox"/> Child a Non-resident |
| | Not Admitted | <input type="checkbox"/> Board of Education Approval Required (Expelled Student) |
| | Not Admitted | <input type="checkbox"/> Other _____ |
| | Admitted | <input type="checkbox"/> Residency based on Natural parent is a resident of
District____In Loco Parenti____Child is Emancipated |
| | Admitted | <input type="checkbox"/> Courses or Programs of part-time enrollment: _____
_____ |

(Admission is subject to receipt of birth certificate, proof of immunization, physical and visual evaluation, and other required documentation)

Notes:

Date

Signature