Application for Out-Of-District School Attendance and Transportation to Southeast USD #247

I am requesting my child(ren) attend the Southeast School District #247 for the 2019-2020 school year. My child(ren reside in the _____school district. I understand that the school district I am applying for my family member(s) to attend, is under no obligation to accept and or approve this application.

Please provide names, grade, gender, and addresses for every child you are making application for:

Child 1: _____ _____ _____
(First Name) (Last Name) (Grade)

M or F _____ _____ _____ _____
(Gender) (Street Address) (City) (State) (Zip)

Child 2: _____ _____ _____
(First Name) (Last Name) (Grade)

M or F _____ _____ _____ _____
(Gender) (Street Address) (City) (State) (Zip)

Child 3: _____ _____ _____
(First Name) (Last Name) (Grade)

M or F _____ _____ _____ _____
(Gender) (Street Address) (City) (State) (Zip)

Child 4: _____ _____ _____
(First Name) (Last Name) (Grade)

M or F _____ _____ _____ _____
(Gender) (Street Address) (City) (State) (Zip)

PARENT APPLICATION FOR OUT OF DISTRICT TRANSPORTATION

I am requesting out of district transportation for the child(ren) listed above: YES or NO (circle one)
I hereby certify my child(ren) and I are residents of USD #_____ and we reside 2.5 miles or more from the attendance center my child(ren) should attend in our resident school district. I understand that the school district I am applying to for transportation is under no obligation to accept and or approve this application. I also understand if the address(es) listed above change(s), this application will be re-evaluated.
Parent/Legal Guardian Initials:_____

PARENT/LEGAL GUARDIAN INFORMATION

_____
Printed Parent/Legal Guardian Name

_____
Address

_____ _____ _____
City State Zip

_____
Parent/Legal Guardian Signature

District Action Taken: Attendance Request: ☐Approved ☐Denied

Transportation Request: ☐Approved ☐Denied

_____
Principal(s) Signature(s)

_____
Superintendent Signature