

EDISON SCHOOL DISTRICT 54JT
Out Of District Student Application

Student Name _____ **Grade** _____ **Birth Date** _____
1. _____

FAILURE TO ACCURATELY REPORT THIS INFORMATION MAY INVALIDATE THE REGISTRATION

Is student enrolled in any special programs? No Yes, date enrolled: _____

If 'yes', check which program(s) IFSP IEP 504 Chapter Title 1 Speech ESL
 Behavior Counseling Other _____

Has the student ever been suspended? No Yes, date: _____ due to _____

Has the student ever been expelled? No Yes, date: _____ due to _____

School attended last year: _____

Address: _____

Phone number: _____

The named student requests to enroll in the Edison School District 54JT for the _____ school year,
and is currently residing at the following address:

Street Address

City, CO, Zip Code

in _____ School District # _____.

We understand and agree to the following terms:

1. Regular attendance (absent for sickness and emergency only).
2. Academic effort (strive to perform to capability in all areas).
3. Good citizenship (will follow the rules and regulations of the school).
4. Will be responsible for arranging transportation.

Method of transportation planned at this time is: _____

**** Failure to meet any of the above terms will result in reevaluation of application.**

Parent/Guardian Signature

Date Signed

Student Signature (if 18 years old)

Telephone

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- Application accepted, student may enroll.
- Application rejected.

Superintendent Signature

Board President Signature

Date

Date