NON-RESIDENT ADMISSION TO USD 409

(for the 2020–2021 school year)

Student Name:		Grade:	
Parent(s) Name:			
Address:	City:	St:	Zip:
Telephone:	Email:		
District of Residence:			-
Last/Current School Attendi	ng:		
Reason for request to atten	d Atchison Public Schoo	ols:	
Will the student be enrolled high school? Yes(This may affect eligibility to	in a virtual class throug No participate in KSHSAA	h an accredited _l activities per KS	oublic virtual Kansas HSAA guidelines.)
Parent/guardian Signatui	-e	Da	te
	For Office Use C	only	
Non-resident students may and supplies are available.	be admitted only to the	extent that staff,	facilities, equipment
A non-resident student seel following criteria: academic and punctual); and disciplin code and avoid major disciplinary problems).	c standing; attendance (ary record (did the stude	was the student's ent abide by the	s attendance regular student conduct
Recommendation:	Approved		Denied
Administrator:			
Superintendent:			