



# YAKIMA PUBLIC SCHOOLS

YAKIMA SCHOOL DISTRICT NUMBER 7

3131.1XE

## NON-RESIDENT STUDENT: ANNUAL REQUEST FOR ADMISSION TO THE YAKIMA SCHOOL DISTRICT FOR THE \_\_\_\_\_ SCHOOL YEAR

Student's Full Name \_\_\_\_\_ DOB \_\_\_\_\_

Student's Address/City/Zip \_\_\_\_\_ Telephone \_\_\_\_\_

School District Granting Release \_\_\_\_\_

Are you presently enrolled in a Yakima School?  Yes  No If yes, which one? \_\_\_\_\_

If no, name last school attended \_\_\_\_\_ Grade Entering \_\_\_\_\_

First choice of school requested in the Yakima District \_\_\_\_\_

Are other siblings attending Yakima Schools? (grade & school) \_\_\_\_\_

**Ethnic Category** (circle one or two)

A - ASIAN     I - AMERICAN INDIAN     B - BLACK     H - HISPANIC     W - WHITE

**Reason for Request** (please check one and explain on lines below):

Health     Location of parent's workplace     Financial     Detrimental Condition  
 Safety     Location of childcare     Educational  
 Other (moved, continuation in same school, etc)

Will the student require special education services?  Yes  No

If yes, which special education services will student require? \_\_\_\_\_

Has the student been involved in violent or disruptive behavior or gang membership and/or been suspended from a public school?  Yes  No

Comments \_\_\_\_\_

**Agreement:**

I request that the Board of Directors of Yakima School District #7 accept this student as an out-of-district student in the Yakima schools during the above identified school year, only if program space is available.

I realize that the Yakima district reserves the right to make building assignments, and that approval of this request constitutes admission to the school district and not to a specific building. If this request is approved, I, the parent/guardian, will take full responsibility for transporting this student to and from the school building to which he/she is assigned and for ensuring his/her regular attendance.

If this request is approved, I understand that this student will be subject to and will comply fully with the same school and school district rules and regulations as other district students. I further understand that failure to comply may result in withdrawal of permission to attend the Yakima schools in ensuing years.

Signature of Parent(s)/Guardian(s)/Student if over 18 \_\_\_\_\_ Date \_\_\_\_\_ Print Parent(s)/Guardian(s) Name(s) \_\_\_\_\_ Date \_\_\_\_\_

The application may be denied due to lack of classroom, grade level, or specialized program space; financial hardship to the district; the student's previous attendance or disciplinary problems; or other reasons as specified in Policy 3141P.

**Yakima School District Signatures**

<input type="checkbox"/> Approved <input type="checkbox"/> Denied _____ School Principal	<input type="checkbox"/> Approved <input type="checkbox"/> Denied _____ Special Education Director	<input type="checkbox"/> Approved <input type="checkbox"/> Denied _____ Superintendent/Designee
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