

## **OUT OF CATCHMENT AREA SCHOOL ENROLLMENT REQUEST FORM**

Name of student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address/Land Location: \_\_\_\_\_

Parent Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Designated School: \_\_\_\_\_ Grade: \_\_\_\_\_

Out of Catchment School Requested: \_\_\_\_\_

\*Request must be submitted by **June 1** of the current school year\*

**Reason for Request** (Please provide a brief explanation):

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\_\_\_\_\_  
Signature of Administrator

\_\_\_\_\_  
Signature of Parent/Guardian

Date: \_\_\_\_\_ Date: \_\_\_\_\_

### **Application to Superintendent of Schools**

Superintendent Signature \_\_\_\_\_ Date: \_\_\_\_\_

#### **Enrollment:**

- ☐ Approved  
☐ Denied

#### **Transportation**

- ☐ Approved based on exemption outlined in BP 17/AP 300 and AP 560  
☐ Declined