

DATE: _____

Grade of Requested Entry: _____

Walton-Verona Independent School District Out-of-District Application

This questionnaire, and requested information, must be completed in its entirety prior to consideration for admissions.

Student Name _____ Current Grade _____ DOB: _____

Physical Address _____ City _____

State _____ Zip Code _____ School District of Physical Address _____

Parent/Guardian Names _____ Relationship _____

Home Phone# _____ CellPhone# _____ Work Phone# _____

Email(1) _____ Email(2) _____

List all the schools you are currently and have previously attended.

School	Grades Enrolled	School Year	Principal

List all Extra Activities performed at current and former schools. (Curricular and Extra-curricular)

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Please submit the following information with your application; these items should be on file with your current school.

All items must be submitted for consideration:

- Copy of latest academic transcript (Report Card for grades K-8. Transcript for grades 9-11)
- Copy of latest state testing, norm-reference assessment, and/or standardized assessment scores
- Copy of immunization certificate
- Copy of birth certificate
- Copy of latest attendance report
- Copy of latest discipline report

Admission/Re-Admission of any Out-of-District student is subject to ALL of the following conditions:

- Available room for In-District students;
- Academic performance – ‘B’ average in all Core Content Areas: English (Reading / Language Arts), Math, Science and Social Studies;
- State testing and/or norm reference assessment scores;
- Attendance; and
- Behavior.

If approved, the following conditions apply:

- Parents/Guardians will receive a letter of acceptance from the school principal for each individual student. It is not a guarantee that each member of the household will be accepted as an Out-of-District student. (Refer to above conditions);
- Parents/Guardians are responsible for tuition as outlined by the tuition schedule listed on the Walton-Verona web site.
- Parents/ Guardians are responsible for all transportation to/from school. Students must be dropped off and picked up in a timely manner;
- Parents/ Guardians and students will abide by all rules contained within the Walton-Verona Code of Conduct.

Please select one or more of the reasons listed below as your reason for making an Out-of-District request.

- I have one (1) child already attending a WV school as an Out of District student, and I would like both children to attend.
- I live very close to the school district and would like my child to attend Walton-Verona Schools.
- My family is moving into the Walton-Verona Schools District. I would like my child to begin attending his/her new school.
- Reason other than listed above (explain): _____

Please answer the following questions: (Attach additional papers if necessary)

- a) Have you ever been suspended from school? If yes, explain.
- b) Have you missed more than 10 days of school in the last year? If yes, explain.

I understand the expectations set forth in policy (09.124) by the Walton-Verona Board of Education for all Out-of-District students. I agree to abide by terms and conditions of this application and we understand that false information may be grounds for denying this application or changing future status.

No new students will be accepted as tuition/Out-of-District students after the 2nd week of school. Students that are currently enrolled within the District and move out of the District during the school year may be considered for "Out-of-District" status if he/she meets the Out-of-District criteria and pay the required tuition.

Signature below verifies that each of the undersigned has read and fully understands the foregoing. In witness whereof, each of the participants sets forth his or her hand at the time and on the date below written.

_____ Student Signature _____ Date

_____ Parent Signature _____ Date

THIS AREA TO BE COMPLETED BY WALTON-VERONA INDEPENDENT SCHOOL DISTRICT STAFF ONLY

Application is **APPROVED**

_____ Principal Signature Showing Approval

_____ Date of Review/Signature

_____ Date (Notification sent to parent/guardian)

_____ Superintendent/Designee Signature

_____ Date of Review/Signature

Application is **DENIED**

_____ Principal Signature Showing Denial

_____ Date of Review/Signature

_____ Date (Notification sent to parent/guardian)

Reason(s) for Denial:

- No room availability Academic Performance below standards
- Assessment scores below standards Poor attendance Unacceptable Behavior

Other (Explain):

