



Office of Superintendent
 1745 W Grand Avenue, Haysville, Kansas 67060 Phone: 316-554-2200

Out of District (OOD) Employee

School Year _____

Parent/Guardian Name (Last, First): _____

Relationship to Student: _____

Address _____ City _____ Zip _____

Day phone _____ Evening phone _____ Email _____

Employee Work Location _____ Job Title _____

Name of Student(s), Grade of Student(s), Boundary School and School Requesting.

| Name | Grade | Boundary School | Requested School |
|------|-------|-----------------|------------------|
| 1. | | | / |
| 2. | | | / |
| 3. | | | / |
| 4. | | | / |
| 5. | | | / |
| 6. | | | / |

Reason for Enrollment Request: New Student Renewal Foster

I (Parent/Guardian), realize that school placement will be based on student enrollment numbers. If In-District student numbers increase your student may be moved to a school with space available. The parent/guardian will be notified of this prior to relocating the student. I also understand that, according to state laws, transportation will not be provided to student's living outside USD 261 boundaries. I will be responsible for transporting my student(s) to and from school.

Parent/Guardian Signature _____ Date _____

THIS INFORMATION IS CONFIDENTIAL
 List all students requesting enrollment in USD 261 Haysville Schools.
*****INCLUDE A COPY OF THIS FORM IN THE FILE OF EVERY STUDENT LISTED*****
 This form must be submitted annually.