



# McKenzie Special School District Non-Resident Student Attendance Request Form

MSSD School Board Policy 6.204

Request for school year 20\_\_-20\_\_

**\*\*Request must be approved annually\*\***

**Please print and ensure legibility**

Student Name: \_\_\_\_\_

DoB: \_\_\_\_\_ Upcoming Grade Level: \_\_\_\_\_

Student currently has? IEP 504

Current Address: \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

\_\_\_\_\_

Contact Number(s): \_\_\_\_\_

\_\_\_\_\_

Preferred Email Address: \_\_\_\_\_

\_\_\_\_\_

Current School of Attendance:

\_\_\_\_\_

Requested McKenzie SSD School:

\_\_\_\_\_

Reason for Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that the above request for my student will be considered on the basis of available space in the school requested, my student's previous school will be contacted, and I will be notified within two weeks of the beginning of school if the request is granted. A \$50 (non-refundable) administrative fee is due with this application. I understand that I must provide private transportation for my child and that no access to school system transportation will be provided. I understand that if my student is expelled or suspended from their current school the request is automatically denied. I understand that my child may be denied the privilege of attendance, at any time, in the requested school should behavior or attendance be unacceptable. I also agree to maintain a positive and proactive relationship with staff. I certify that I have reviewed MSSD Board Policy 6.204 prior to submitting this request.

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

\_\_\_\_\_  
Date

*For Office Use Only*

Decision: \_\_\_\_\_

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

Parent/Guardian Notified:

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

\_\_\_\_\_  
Director of School's Signature

\_\_\_\_\_  
Date

