

OUT-OF-DISTRICT STUDENT APPLICATION

To Attend

TIMBERLAKE PUBLIC SCHOOLS

Attendance Center: _____

Name of Student: _____ Date: _____

Name of Parent(s)/Guardian(s): _____

Street Address: _____ P.O. Box, (if applicable): _____

City: _____ State: _____ Zip: _____

Home Telephone Number: _____ Student's Age: _____

Date of Birth: _____ Grade at Present Time: _____

LAST SCHOOL ATTENDED

Name of School

Date Last Attended

Address

Principal's Name

City, State, Zip

Telephone Number

Has the student ever been suspended from school? Yes No

Has the student ever been expelled from school? Yes No

(If you answered yes to either of the two prior questions, please state accurate and complete details on back of this form)

Has the student ever been enrolled in: (check all that apply)

Title I Reading Title I Math Gifted Education
 Special Education Vocational Education

What is/are the specific reason(s) for wanting to attend school in

Will you provide your own transportation? Yes No

I certify that the information provided herein is accurate and complete to the best of my knowledge.

Parent/Guardian

(or Student, if at least 18 years of age): _____

RECOMMEND APPROVAL

RECOMMEND DENIAL

PRINCIPAL: _____

PRINCIPAL: _____

ACTION OF THE TIMBERLAKE BOARD OF EDUCATION (if required)

APPROVED

DISAPPROVED

DATE _____

PRESIDENT, BOARD OF EDUCATION

RETURN COMPLETED APPLICATION TO: