NON-RESIDENT ADMISSION TO USD 409

(for the 2021–2022 school year)

Student Name:		Grade:	
Parent(s) Name:			
Address:	City:	St:	Zip:
Telephone:	Email:		
District of Residence:			
Last/Current School Attending			
Reason for request to attend	Atchison Public Schools	:	
			_
Parent/guardian Signature		Dat	e
	For Office Use Onl	у	
Non-resident students may be and supplies are available.	e admitted only to the ex	tent that staff, f	acilities, equipment
A non-resident student seekir following criteria: academic s and punctual); and disciplinar code and avoid major disciplidisciplinary problems).	standing; attendance (war y record (did the student	s the student's abide by the s	attendance regular tudent conduct
Recommendation:	Approved		Denied
Administrator:			
Superintendent:			