



Application for Private/Home-Schooled Student to Participate in District Programs

The attached Board of Education policy and administrative procedures will be followed when considering placement for a Private/Home-Schooled Student in a district program.

Student Name: _____

Age: _____

Grade: _____

Parent/Guardian: _____

Address: _____
Street City State Zip

Designated Attendance Center: _____

Requested Program/Course: _____

Reason for Request: _____

Parental Release: I do hereby authorize my child to participate in the USD 437 program/course stated above. I realize that my child must obey all school rules and follow the Board of Education policies and procedures.

Parent Signature Date

Principal Signature Date

Superintendent's Signature Date

Recommended

Not Recommended

Approved

Disapproved