

# University Place School District Non-Resident Application for Enrollment

(Primary Residence is not within the University Place School District boundaries.)

**2019/2020 School Year**

- Check all that apply:**
- NEW Applicant (This is a first time request)
  - RENEWAL Applicant (I attended a UPSD school last year on a waiver.)
  - PARENT employed by the UPSD? Location: \_\_\_\_\_ FTE: \_\_\_\_\_
  - NEW ADDRESS from last year. (Please check box if this is a new address.)

1. Obtain an approved CHOICE TRANSFER REQUEST form from the student's resident school district and attach to this application.
2. New Applicants complete a NON-RESIDENT ENROLLMENT SCHOOL VERIFICATION form and attach to this application.
3. Applications will be processed on a first-come, first-served basis. Decisions for acceptance are made contingent on facility space, school enrollments, staffing and student programs.
4. Conditions for Transfer:
  - ✓ Good Behavior – no discipline problems
  - ✓ Good Academic Effort in all subject areas
  - ✓ Good Attendance – regular and prompt
  - ✓ Provide own transportation to and from school
5. Application to attend a University Place school must be submitted annually.

Student Legal Name (print, please)	Grade to be Enrolled In	Date of Birth (mo/day/year)
Physical Address	City	State Zip Code
E-Mail Address		
Parent/Guardian Name	Work Telephone #	Home Telephone #
Resident School District: _____	School Requested:	
Resident School: _____	1 <sup>st</sup> Choice: _____	
Current School: _____	2 <sup>nd</sup> Choice: _____	

6. Identify any unique educational programs/classes and services that your student participated in at his/her last school.

PROGRAMS	ACADEMIC or BEHAVIOR RELATED SERVICES	MEDICAL SERVICES
<input type="checkbox"/> Special Education <input type="checkbox"/> ELL / ESL <input type="checkbox"/> Title I / LAP <input type="checkbox"/> Highly Capable (grades 1-7)	<input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Speech / Language Services <input type="checkbox"/> 504 Services	<input type="checkbox"/> Health Plan <input type="checkbox"/> Medication Plan <input type="checkbox"/> Health Care Services – Describe:

7. Reason for the Non-Resident Enrollment request: \_\_\_\_\_

**I understand that if this request is approved, transportation is the parent's responsibility, and that my student will be held to high standards of academic progress, behavior, and attendance in order to maintain the waiver.**

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

Please return application to: University Place School District 3717 Grandview Drive West University Place, WA 98466	Notification of approval or denial will be mailed in a timely manner once all application materials are submitted and the District reviews Enrollment and program numbers for available space. The District may create a waiting list of students, the acceptance of which is dependent on actual enrollment and/or the ability to hire and retain required staffing. When this occurs, the applicant will receive notification that their application is complete but that acceptance will depend on the enrollment and staffing once the information is available to the District.
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School District Official Signature / School Name Date Accept / OR Deny Reason

Office Only: Special Education Consult Date: \_\_\_\_\_ Highly Capable Consult Date: \_\_\_\_\_