

Whitesville Central School
Request for Admission of Out-of-District Student

This form must be completed as per Board of Education Policy.

Instructions: Complete the area within the box, sign the Authorization for Pupil Record Release form and return both forms to the guidance office. (Note: if your child has not previously attended school the Authorization for Pupil Record Release form is not attached.)

Student's Name _____ Date of Birth _____
 Upcoming School Year _____ Grade Level _____
 Parent's Name(s) _____ Phone # _____
 Address _____ Cell # _____

 Current School _____ Phone # _____
 Comments: (behavioral or academic problems, gifted/talented, special interests)

For school use only:

<u>Test Area</u>	<u>Name of Test</u>	<u>Date</u>	<u>Results</u>
Reading:	_____	_____	_____
Math:	_____	_____	_____
General Learning Ability:	_____	_____	_____

Proof of Immunization: _____
 School Nurse Signature _____ Date _____

Records from Previous School: _____
 Guidance Counselor Signature _____ Date _____



Recommended for Admission: _____

Not Recommended for Admission: _____

 Superintendent Signature _____ Date _____