



Date and Time Submitted

OUT OF DISTRICT STUDENTS
REQUEST AND AGREEMENT FOR A NON-RESIDENT PUPIL TO ATTEND THE
BOYD COUNTY PUBLIC SCHOOL SYSTEM

FOR THE SCHOOL YEAR 20\_\_ TO 20\_\_

Pupil's Name \_\_\_\_\_ Grade \_\_\_\_\_
Pupil's Address \_\_\_\_\_
Parent's Name \_\_\_\_\_ Phone \_\_\_\_\_
Parent's Address \_\_\_\_\_

Relationship to student \_\_\_\_\_ Number of Years at this residence \_\_\_\_\_

Name of School District in Which Pupil Resides \_\_\_\_\_ Phone \_\_\_\_\_
Address of School District in Which Pupil Resides \_\_\_\_\_

Name of School Pupil Desires to Attend \_\_\_\_\_

Reason for Requesting Transfer (use back side of paper if additional space is needed)
\_\_\_\_\_

The Boyd County Public School District is happy you have chosen to apply to our schools for the education of your child(ren).
However, we ask you to support our requirements for admission of non-resident students. The following items must be submitted
with this form: [ ] birth certificate [ ] valid immunization certificate [ ] physical exam [ ] transcript of grades

Is your child eligible for any of the following extra services? (If so, please check the appropriate boxes.)
[ ] gifted/talented program [ ] special education services [ ] Section 504 accommodations [ ] other: \_\_\_\_\_

Please include other relevant information where appropriate such as:
\* current IEP \* most recent psychological education report \* most recent IEP meeting documentation

In accordance with Board Policy #09.12: Once the school principal determines accepted or not accepted, you as parent or guardian
need to be aware that your child(ren) must maintain academic progress, good behavior and regular school attendance to be able to
continue attending school in the Boyd County Public School System.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

NOTE: Boyd County Schools maintains approval based on current maximum case load/enrollment.
Transfer of pupils must be made on a yearly basis. Requests must be made annually.
A transfer for one year does not assure approval for successive years.

RECOMMENDATION OF SCHOOL ADMINISTRATION

Accepted \_\_\_\_\_
Not Accepted \_\_\_\_\_
Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_
Accepted \_\_\_\_\_
Not Accepted \_\_\_\_\_
Superintendent's Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\* Send a copy of this form to the Superintendent on the day of approval.

(revised 3/18/03)