

ADMISSION OF NONRESIDENT STUDENTS
(Request to Enroll Child of Nonresident Employee)

Parent's/Guardian's Name: _____
Student's Name: _____
Address: _____
Phone Number(s): _____
Email Address (optional): _____
Requested School: _____
Current Resident District: _____
Current School Assignment: _____
Anticipated Grade Level at Enrollment: _____

1. I am the parent or legal guardian of the student named above. I am seeking to register my child in the City of St. Charles School District ("District") at the school named above. I am legally authorized to make educational decisions for the student.
2. I am currently employed by City of St. Charles School District.
3. The student is not a legal resident of the District in that the student's parent or legal guardian does not physically reside in the District and/or is not domiciled (have a permanent home) in the District.
4. In accordance with District Policy JECB, section 3, I am requesting that my child be allowed to enroll and attend classes in the District.
5. I understand that approval of this request is contingent upon available space and class sizes. I also understand that I may be offered the opportunity to enroll my child at another school if my requested school does not have available space.
6. I understand that if this request is approved, I will not be charged tuition for my child to attend school in the City of St. Charles School District. I also understand that my child may incur expenses related to voluntary participation in activities/programs in the same manner as a resident student.
7. I understand that, if approved for enrollment, my child will be subject to all rules and regulations of the City of St. Charles School District.
8. I understand that if I resign, retire or my employment with the District is otherwise terminated, then approval of this request is automatically and immediately rescinded.
9. I further understand that if this request is denied, I may appeal the decision to the Board of Education.

Signature of Parent(s)/Guardian(s)

Date

Submit Request to:
Asst. Superintendent – Human Resources
City of St. Charles School District
400 North Sixth Street
St. Charles, MO 63301

For Office Use Only

Request Received: _____

Received by: _____

Student's Name: _____

Requested School: _____

Anticipated Grade Level at Enrollment: _____

Building Principal's Decision: Approved _____ Denied _____

Principal's Signature: _____

Reason (if denied): _____

Asst. Superintendent – Human Resources Decision: Approved _____ Denied _____

Assistant Superintendent's Signature: _____

Reason (if denied): _____

Parent Notified by: _____ Phone _____ In Person _____ Mail _____ Email _____

Date of Permanent Admission (First day of classes) _____

(Copies to Parent/Guardian, Building Principal, Asst. Superintendent-HR)

Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.

Implemented: 01/15/2009

St. Charles R-VI School District, St. Charles, Missouri