WEBER SCHOOL DISTRICT OUT OF STATE ENROLLMENT APPLICATION

Section I.		
Student Name	Current Grade	Birth Date
Parent/Guardian Name and Address:		(Name)
-		(Address)
-		(City)
-		(State, Zip Code)
-		(Phone Number)
WSD Resident with Whom Student is	Living:	
Address of WSD Resident:		(Address)
		(City)
		(Zip Code)
		(Phone Number)
12 months, and the student is 1	iving with a responsible ac	oundaries but moved out of state within the pas lult who is a resident of Weber School District.
Date parents/legal guardians m	oved:	
B. Parents/legal guardians live ou a resident of Weber School Distriction Relation to student:	strict.	s living with a responsible adult relative who is
C. Parents/legal guardian live out who is a resident of Weber Sch		living with a responsible adult (<i>not a relative</i>)
Section III.		
Please describe why the student is livi	ng with you:	

Sec	tion IV.			
Is y	our student currently receiving Special Education services under the Individuals with Disabilities in Education Act (IDEA):			
	No			
	Yes, less than 60 minutes a day Yes, between 60 and 179 minutes a day			
	Yes, 180 or more minutes a day Yes, in a self-contained unit			
Sec	tion V.			
I ha	we submitted the following documents with my Out of State Enrollment Application:			
	Most recent transcript.			
	Parent release allowing access to all school records.			
	Student's Section 504 Accommodation Plan and/or Individualized Education Plan, if applicable.			
	Statement signed by both the legal guardian and the student listing any suspensions, expulsions, or major disciplinary proceedings past or currently pending against the student			
For	all students, regardless of previous enrollment at WSD			
	A Durable Power of Attorney that delegates power regarding care, custody, or property to the person with whom the student is living.			
Sec	tion VI.			
wai	(student name), am prepared to abide by the policies of the school in which I amking enrollment, and by the policies of Weber School District. I understand that if I violate any policies reanting removal from school, I may be removed from Weber School District, following appropriate process.			
——Sign	nature of Student / Date			

durab	(parent/legal guardian name), understand that the adult with whom my student is will be the sole contact person for all matters related to my student's education. I have provided a le power of attorney that grants full authority to take any appropriate action in the interest of my student, ling authorization for education or medical services.
Paren	t/Legal Guardian / Date
	FOR USE OF THE OUT OF STATE ENROLLMENT COMMITTEE ONLY
The fo	ollowing conditions have been met:
	The student's presence in WSD boundaries is NOT for the primary purpose of attending school.
	The student's physical, mental, moral, or emotional health is best served by considering the student to be a resident for school purposes.
	The student is prepared to abide by the rules and policies of WSD.
	Parents have executed a legitimate durable power of attorney that delegates power regarding care, custody, or property to the person with whom student is living.
	Parents have provided the student's transcript, a release for all school records and a statement listing all disciplinary action at the student's previous school.
	For applicant who checked C in Section II, tuition has been paid.
	Space exists at the school where student seeks enrollment.