



Galena USD 499

OUT of DISTRICT Student Application

Please fill out this application completely and return to the school.

STUDENT INFORMATION

Date: _____

Student's Name (First, Middle, Last) _____ Grade _____

Gender: Male Female Home Phone _____ Date of Birth (mm/dd/yyyy) _____

Social Security # _____ Birth Place (City, State) _____ State Birth Certificate # _____

Residential (Home) Street Address _____

City _____ State _____ Zip _____

Parents/Guardians Name(s): _____

Father/Guardian Work #: _____ Place of Employment: _____

Mother/Guardian Work #: _____ Place of Employment: _____

Current personal email address: _____ In what school district do you reside? _____

Last school your student has attended: _____

Phone # of previous school: _____ Number of Years Attended: _____

Reason(s) you would like to change school systems: *(If you need more space you may write on the back.)* _____

PARENT(S) – Please rate your child in the following areas:

Academic Grades at the previous school:

- Above Average (all "A" & "B") Average (mostly "B" & "C") Below Average (mostly "D" & "F")

Discipline at the previous school (check all that apply):

- No office referrals 1-2 office referrals Has served In-School Suspension
- Has served detention 3 or more office referrals Has been suspended from school

Attendance at the previous school:

- Excellent (0-2 absences) Good (2-7 absences) Below Average (7 or more absences)

Please submit the following documents with the application: (required)

Your application is considered incomplete without the required documents. Incomplete applications will not be reviewed. **For**

PK through 8th grade students - Please submit a copy of your student's **current grade card**

For 7th through 12th grade students - Please submit student's **transcript with grades, grade level, and total absence.**

Galena USD does not discriminate on the base of race, color, national origin, sex, disability, or age. Persons having inquiries may contact the district office at 702 E. 7th Street Galena, KS 620-783-4499.

I have read the foregoing and attest that the information contained herein is correct to the best of my knowledge. By signing this document, I allow USD 499 Galena Schools to contact my current school and request further documentation pertaining to my enrollment.

Parent Name (Please Print): _____ Parent Signature: _____

_____ *This section to be completed by USD 499 Administration* _____

Date Reviewed by Administration ____/____/____ Status: Student Approved Student Denied

Administrative Signature: _____ Position: _____

Out-of-District Parent/Student Agreement

USD 499 Public Schools

I request my child, _____, to attend USD 499 Galena Schools during the 2024-2025 school year rather than the school in their residential attendance district. By signing this contract my child and I agree to abide by conditions of the contract and remain a student in good standing. It is clearly understood that the student may be withdrawn from USD 499 Galena Schools if ANY of the following conditions and responsibilities are violated as determined by the administration of Galena USD 499.

- A. **REGULAR CLASS ATTENDANCE** The student agrees to adhere to the district attendance policy.
- B. **MAINTAIN PASSING GRADES** The student must maintain passing grades according to the district standard in all classes.
- C. **SOCIAL BEHAVIOR** The student agrees to exhibit acceptable social behavior on campus and at school related activities. Additionally, the student agrees to refrain from involvement with drugs, alcohol, and tobacco.
- D. **CLASSROOM, SCHOOL AND DISTRICT RULES AND POLICIES** The student agrees to follow all classroom, school, and district rules and policies .
- E. **TRANSPORTATION** Transportation will be provided at regular bus stops within the Galena School District. Parents/guardians are required to provide transportation to school or a regular bus stop if granted attendance at USD 499 Galena Schools. Parents/guardians must not drop-off students prior to designated school hours and must pick up students by the end of the school day/at the bus stop.

Student Signature

Date

Parent Signature

Date

School Principal

Date

Superintendent

Date



USD 499 Capacities

The following capacities indicate the threshold to which the district will accept out-of-district students. These levels are indicative of our commitment to student success in a class size most conducive to learning. In times when the district has class sizes below capacity, the district will use the approved lottery system to allow out-of-district students an opportunity for enrollment. We currently have capacity for 20 students at each grade level.

District capacities will not have a impact on currently enrolled out-of-district students.