

# Astoria School District 1C

Code: **JECB-AR(2)**  
Adopted: 8/12/99  
Revised/Readopted: 8/14/03; 2/08/17  
Orig. Code(s): JECB-AR

## Application for Nonresident Student Admission

Current School Year \_\_\_\_\_

Transfer Requested for school year \_\_\_\_\_

**For Office Use Only**

Student ID# \_\_\_\_\_

### Student Information

Legal Last Name \_\_\_\_\_ Legal First Name \_\_\_\_\_ Legal Middle Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ Apartment # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ (MM/DD/YY) Student Grade Level [Current] \_\_\_\_\_

Primary Phone of Parent/Guardian \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Parent/Guardian Name (Person in Parental Relationship) \_\_\_\_\_

Is the student currently under expulsion?  Yes  No

If yes, what was the reason? \_\_\_\_\_

Is there a sibling of this applicant currently attending in this district?  Yes  No

If yes, name of sibling and school attending: \_\_\_\_\_

Has the child attended a public charter school in the district for three consecutive years, finished the highest grade possible in that school; and has not attended another school outside the district since the completing the highest grade?  Yes  No

Is, or was the student a resident of this district in the current school year?  Yes  No

If yes, please provide move/moving date: \_\_\_\_\_

Preferred School Placement \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

### For Office Use Only:

Final Action of Nonresident District:  Approved  Denied  Lottery number \_\_\_\_\_

Reason for denial or comments: \_\_\_\_\_

Superintendent/Designee: \_\_\_\_\_ Date \_\_\_\_\_