MAXWELL MUNICIPAL SCHOOL Out-Of-District Pre-Enrollment Form

Please complete the following information. Use one form for each student. Student's Name:_____ Middle First Last
 Date of Birth:
 Grade in 2022-2023 SY:
Name of last school attended: Parent/Guardian's Name: Physical Address: Mailing Address: _____ Home Phone:_____ Mom Cell Phone:_____ Dad Cell Phone: _____ Mom Work Phone: _____ Dad Work Phone: _____ **Reason for Requesting Enrollment in the Maxwell School District:**

MAXWELL MUNICIPAL SCHOOL

ADMISSION OF NON-RESIDENT STUDENTS AGREEMENT

_____, parent or guardian of ______ (student), a student who does not reside within the boundaries of the Maxwell Municipal School District (hereinaftercalled the District), having requested that the student be allowed to attend the schools of the District and the District having decided, in its discretion, to admit the student, hereby acknowledges receipt of a copy of the District's policy concerning the admission of students not resident within the school District, accepts the terms thereof and agrees that the rights of the student to attendance shall be limited to and governed by the terms of that policy. As the student resides outside of the Maxwell School District boundaries, families are solely responsible for transportation to and from school. Absence from school due to lack of transportation is not an excusable absence.

I also understand that I agree to participate in all state mandated testing given during the year.

Student Signature	Date

Parent or Guardian Signature

Date

First date of attendance: (To be completed by administration/designee)

Student's Name:_____ Required Attachments:

1.	Birth Certificate or Baptismal Record
2.	Copy of shot record
3.	Latest Report Card (if 1 st -8 th , or copy of High School Transcript and State Mandated Test Scores)
4.	Proof of current physical address
5.	Signed "Admission of Non-Resident Students Agreement"

Once the completed application form is returned to the school office, Maxwell Municipal Schools have five (5) working days to decide on enrollment of a student.

OFFICIAL USE ONLY

Completed Date:_____

Time:_____

Official Signature:_____

Enrollment Date:_____