

**APPLICATION OF NON-PUBLIC SCHOOL STUDENT  
FOR PART-TIME ENROLLMENT**

Application Process:

- Step 1: Complete Parts I, II and III of this Application.
- Step 2: Complete the attached "Statement of Person in Legal or Actual Charge or Control of a Child" form.
- Step 3: Complete Part IV of this Application, if you checked item (2) (b) (c) or (d) of the "Statement of Person in Legal or Actual Charge or Control of a Child" form.
- Step 4: Sign this Application in the presence of a notary

Note: You may also need to provide the following documents:

- (1) birth certificate
- (2) proof of immunization, proof of physical examination, and proof of visual evaluation, or written objections signed by parent or legal guardian
- (3) durable power of attorney (delegation of parental powers)
- (4) student records from school currently attending and school last attended & release of student records form

**PART I-Student Information**

Student's Name:	DOB:	Grade Level:
Parent/Guardian's Name(s):	Address:	Telephone:
School Currently Attending:	School Address:	Telephone:
School Last Attended:	School Address:	Telephone:
Special Needs/Concerns (e.g. health concerns) (information is requested for accommodation planning purposes): _____	Special Education Needs: ___ Yes ___ No	If "yes" describe needs: _____ _____ _____

**PART II-Part-Time Enrollment Request**

Semester Child seeks to begin attending:	
Course(s) or Program(s) in which Child seeks to enroll:	
If the Course is an Integrated Course (e.g. Algebra II), provide description of courses Child has passed to meet prerequisites:	
State whether the Course or Program is offered in the Child's School:	
State whether Child is seeking to participate in extracurricular activities; and if so, list the activities:	



STATEMENT OF PERSON IN LEGAL OR ACTUAL CHARGE OR CONTROL OF A CHILD SUBMITTED TO Alliance PUBLIC SCHOOLS FOR PURPOSES OF SCHOOL ENROLLMENT

The undersigned state that I am an adult in legal or actual charge or control of (Child's Name): \_\_\_\_\_ a child who resides in this school district at (Child's Address)

- 1) I state that I am the child's parent, or
2) I state that I have been entrusted with, or assumed, day-to-day care and full-time supervision of, and responsibility for, the child and have been given the authority to act as parent or guardian in educational matters as established by (check all that apply):
a) a court or testamentary appointment as a legal guardian (attach copy) and/or
b) a power of attorney delegating such parental powers (attach copy) and/or
c) through an in loco parentis designation by a parent in which I have been authorized to stand in the place of the parent in caring for and raising the child (attach any written documentation of such designation), and/or
d) through some other set of circumstances (please explain on a separate sheet).

I understand that I may be requested to provide additional information regarding this child. The names and current or last known address of the child's parents are:

Mother: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone: \_\_\_\_\_
Father: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

I understand that I will be responsible for, and will be expected to make, decisions regarding education (including, but not limited to, records, discipline, and special education unless otherwise provided under special education laws and regulations), emergency medical care, and other matters for this child while in legal or actual charge or control of this child and I state that I have the authority to take such responsibility and to make such decisions and to so act. I also understand that I will have responsibilities under the state truancy laws to cause this child to attend school.

Signature of Adult in Legal or Actual Charge or Control \_\_\_\_\_ Dated: \_\_\_\_\_
Home Address of Adult in Legal or Actual Charge or Control \_\_\_\_\_ Home Phone: \_\_\_\_\_
Daytime Work Address \_\_\_\_\_ Daytime Work Phone: \_\_\_\_\_

NOTE: SECTION 79-215 R.R.S. PROVIDES THAT IF THE STUDENT IS HOMELESS OR IF THE ADULT DOES NOT HAVE A PHONE NUMBER AND ADDRESS WHERE HE OR SHE MAY GENERALLY BE REACHED DURING THE SCHOOL DAY, THOSE PARTS OF THE FORM MAY BE LEFT BLANK AND A BOX MAY BE MARKED ACKNOWLEDGING THAT THESE ARE THE REASONS THESE PARTS OF THE FORM WERE LEFT BLANK. THE ADULT WITH LEGAL OR ACTUAL CHARGE OR CONTROL OF THIS STUDENT SHALL ALSO SIGN THE FORM.

- This child is homeless, which is the reason items were left blank.
This adult does not have a phone number or address where they may generally be reached during the school day

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**(FOR SCHOOL'S USE)**

**APPLICATION STATUS**

- |                  |              |     |  |
|------------------|--------------|-----|--|
| <b>Decision:</b> | Not Admitted | ( ) | Child a Non-resident   |
|                  | Not Admitted | ( ) | Board of Education Approval Required (Expelled Student)  |
|                  | Not Admitted | ( ) | Other _____  |
|                  | Admitted     | ( ) | Residency based on ___ Natural parent is a resident of<br>District ___ In Loco Parentis ___ Child is Emancipated |
|                  | Admitted     | ( ) | Courses or Programs of part-time enrollment: _____   |

(Admission is subject to receipt of birth certificate, proof of immunization, physical and visual evaluation, and other required documentation)

**Notes:**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**