

Out of District Student

Request for Admission to West Glacier Elementary School

Date of Application _____

Name: _____ Grade for which I am applying: _____

Parent/Guardian: _____ Work Phone: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Address: PO Box _____, street address _____

City _____, MT Zip _____ District in which you reside _____

Have you previously attended WGE? _____ For what grade level(s)? _____

Date of last attendance at WGE _____ What school did you last attend? _____

Address: _____ City: _____ State: _____ Zip: _____

What grade did you last complete? _____ Date this grade was completed _____

Normally my student's grades in school are (choose the appropriate grading system and circle one)

| | | | | | |
|---|---|----|---|---|-------------------------------|
| A | B | C | D | F | <i>letter grade system</i> |
| A | P | NP | N | D | <i>standards based system</i> |
| 4 | 3 | 2 | 1 | 0 | <i>point based system</i> |

If you previously attended WGE why did you leave? _____

If you have never attended WGE, why did you decide to attend here? _____

Do you owe for, or need to, return materials at your previous school? _____

How many days of absences do you normally have in one school year? _____

What is the largest number of consecutive days you have missed from school? ____ For what reason?

Have you ever been suspended or expelled from school? ____ When? ____ For what reason?

Do you have reliable personal transportation options for getting to and from school? _____

How long do you plan on attending school at WGE? _____

I hereby declare that the responses given on this application are true to the best of my ability and understand that I may be asked to supply documents proof to support my answers. I also give West Glacier Elementary administration permission to contact previous school(s) for records of attendance, discipline, academic progress and residency. I understand that the district reserves the right to revoke my admission if information contrary to that supplied herein is discovered.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

*Incomplete applications will not be considered.
Out of district enrollment is discretionary, see board policy #3141.*

For Office Use Only

Application received in full on _____

- Birth Certificate
- Immunization Record
- Transcript and Current Report Card
- CRT Test Scores, if applicable

Admission to West Glacier Elementary (___ approved) (___ denied) _____
Administrator's Signature Date

Appeal Requested to the Board of Trustees on _____

Appeal heard on _____ (___ approved) (___ denied) _____
Board Chair's Signature Date

This form and all accompanying documentation must be submitted to:
West Glacier Elementary, PO Box 309, West Glacier, MT 59936
Phone: 406-888-5312 Fax: 406-888-5141