Out of District Supplemental Application

(This form is mandatory and must be included with the rest of the out-of-district application materials, presented to the Board of Trustees by June 15 to be considered for attendance for the next school year. T If request is made by a legal guardian, legal documents must be presented with the application showing	his form must be signed by the student's parents
Student Name(s):	
Prior Year District:	
Address:	
Parent/Guardian:	
Address:	
Phone: (Home)(Work)	
Attached to this application:	
Copy of student's complete transcript(s)	
Signature authorizing release of all record information from school of atten	ıdance
Has the above named student(s) ever been charged with theft, drug or alcohol posses weapon, assault (physical or sexual), burglary, vandalism, or any other crime?	sion, use of or illegal possession of a
No Yes (If yes, explain)	
Does this student require additional services (Spec. Ed., OT, PT, Speech services) be instructional environment.	yond the normal classroom
No Yes (If yes, explain)	
I agree to release the records of the above named student(s) from the school of attend Trustees of the Joliet Public Schools. These records will include attendance data, disc pertinent data needed to make a determination regarding acceptance/denial of attenda understand that attendance in this school district is a privilege for my out-of-district s	ciplinary data, grades, and all other ance to the Joliet Public Schools. I

initially or terminated by the Board at any time for violations of school policy. Further, by signing this form I agree that

Signed:

Parent/Guardian

all of the information contained herein is true and accurate.