

5025 Acceptance of Non-Resident Students

ADMISSION OF NON-RESIDENT STUDENTS

DEFINITION

"Non-Resident Student": A non-resident student is any student who is not residing within the school district with intent to make his residence within the school district a permanent residence. Students who only move into the school district on a temporary basis for the convenience of attending schools without intent to permanently reside in the district and who generally leave the school district during summers and times when school is not in session to return to their parents' home or other place of permanent residence, will not be considered residents of the district.

The Board of Trustees has the sole discretion to admit or not admit pupils resident in other districts to this school district for any reason deemed appropriate by the Board of Trustees.

ADMISSION

The Board of Trustees may admit any student who is a resident in another school district of the State or who resides outside of the State unless such admission would overcrowd the classrooms of the admitting district. The decision of whether or not to admit a nonresident student is optional with the Board of Trustees and requests for admission may be turned down for any reason deemed appropriate by the Board of Trustees.

The admission of any student shall be for a period of one (1) school year and then the Board of Trustees shall review the nonresident student application annually in September. In determining whether or not to grant an admission or readmission, the board may consider any factors it deems important including, but not limited to, financial consequences, available staff, available facilities, class enrollment, prior disciplinary problems, prior attendance record, and previous effort to make satisfactory academic progress, among others.

SUSPENDED OR EXPELLED STUDENTS

The district may deny admission to any pupil who has been suspended or expelled from another school district whether located in or outside the state, for the duration of the suspension or expulsion regardless of whether or not the student establishes residency within this district.

TRANSPORTATION

The school district will not provide transportation for non-resident students except on regular bus routes running within the boundaries of this school district. Exceptions to this policy may be made only with the express consent of the Board of Trustees and any adjacent School District, which would be affected.

RESPONSIBLE ADULT

Every non-resident student attending the school district may be required to have a person of adult age agree to be responsible for the student with regard to all educational decisions and who can authorize emergency medical treatment and care. The parents of a non-resident student or his/her legal guardian who does not reside within the district may be required to sign a consent to have another adult person resident within the district assume that responsibility and acknowledge that the district may work through that resident adult for purposes of the child's education and emergency health care needs.

SHERIDAN COUNTY SCHOOL DISTRICT #3

PO BOX 125

CLEARMONT, WY 82835

PHONE: 307-758-4412

FAX: 307-758-4444

REQUEST FOR ATTENDANCE AS AN OUT-OF-DISTRICT STUDENT

I, _____, a resident of _____,
(City)

_____, _____, do hereby request an admission
(County) (State)

of my child to attend Sheridan County School District No. 3 for the _____ school year.

I understand that this request for admission is only good for one year and if approved, is only approved for one school year, and then the application will be reviewed and approved by the Board of Trustees annually every September.

I understand that the decision of the school district as to whether or not to readmit my child is discretionary with the school and that the school may elect to not admit my child for any reason it deems appropriate, including financial concerns, staffing concerns, attendance problems, behavioral problems, or any other reason it deems proper.

The Superintendent may, on a provisional basis, admit my child if I cannot apply sufficiently in advance to allow the Board of Trustees to act on my application. Such admittance shall be provisional only and with the understanding that if not approved by the Board of Trustees, will not be binding upon the School District.

I do further represent that I have made arrangements to have all of my child's school records from my child's previous school transmitted to Sheridan County School District No. 3.

My child requires the following special education services (i.e., resource room, hearing impairment, speech, physical therapy, or other special services)

LIST OF SPECIAL SERVICES:

I verify that all needed special services are listed above. I understand that my failure to list any identified service or needs may result in the decision to admit my child being revoked.

The age of my child is _____. I am requesting that the child be enrolled in _____ grade.

Submitted this _____ day of _____, 2_____.
(Month) (Year)

Parent/Legal Guardian

Parent/Legal Guardian

(Both parents must sign unless one parent has full child custody)

(Address)

(_____) _____
(Telephone Number)

**CERTIFICATE OF RESIDENCY
SCHOOL YEAR _____**

STATE OF WYOMING)

: SS.

COUNTY OF SHERIDAN)

The undersigned, being first duly sworn upon oath, deposes and states as follows:

1. I am an adult and am the natural parent/legal court-appointed guardian of _____, who is a minor child presently
(Name of student)
residing outside the boundaries of Sheridan County School District #3,
State of Wyoming, and intending to continue such residence.

2. I execute this certificate freely and voluntarily, under penalty of perjury.

DATED this _____ day of _____, _____.

Parent/Legal Guardian

Parent/Legal Guardian

The foregoing Certificate of Residency was signed, sworn to and acknowledged before me by _____, this _____ day of _____, _____.

Witness my hand and official seal.

Notary Public

My commission expires: _____

District Recommendations

Student: _____

Parents/Guardian: _____

Principal's Recommendation: _____ Approve _____ Deny

Reason(s) for denial: _____

(Principal's Signature)

(Date)

Special Education Director's Recommendation (*Only for IEP Students*): _____ Approve

_____ Deny

Reason(s) for denial: _____

(Special Education Director's Signature)

(Date)

Superintendent's Recommendation: _____ Approve _____ Deny

Reason(s) for denial: _____

(Superintendent's Signature)

(Date)

Sheridan County School District #3 Board of Trustees Recommendation: _____ Approve

_____ Deny

Reason(s) for denial: _____

(Board Chairman's Signature)

(Date)

ADOPTION: June 8, 2016

LEGAL REFERENCE(S):

CROSS REFERENCE(S):

ADMINISTRATIVE REGULATION:

REVIEWED DATE: June 8, 2022