

Millard School District
SCHOOL ENTRANCE APPLICATION

Student's Name: _____ Grade: _____

Student's Millard County Address: _____

Student's Telephone: _____ Student's Birth Date: _____

Student's Prior Address: _____

Parent's Name: _____ Parent's Phone: _____

Parent's Address: _____

Custodian/Guardian: _____ Custodian/Guardian Phone: _____

Custodian/Guardian's Address: _____

Primary Language Spoken in the Home: _____

Last School Attended: _____ Phone: _____

Address: _____

Reason for Requesting Admittance: _____

Has student received Special Education services or been classified for Special Education Services in another school district? Yes _____ No _____

Has student been suspended or expelled in another school or school district? If yes, please explain the circumstances. Yes _____ No _____

Juvenile Court Records:

Above student does does not have a **Juvenile Court Record Profile.**

Signature (Court Official)

I certify that this information is true and correct. I authorize Millard School District to obtain and review academic and citizenship information necessary to recommend appropriate placement if admission is granted. I authorize the district to review police and criminal records relative to this application, including juvenile court records, all of which we agree to provide to the school district, prior to the student's entrance.

Student's Signature

Date

Parent's/Guardian's Signature

Date