

**APPLICATION FOR ENROLLMENT IN HARDIN COUNTY SCHOOLS OR
ELIZABETOWN INDEPENDENT SCHOOLS AS A NON-RESIDENT (NON-EMPLOYEE) CONTRACT STUDENT**

	DATE	TIME
PARENT/GUARDIAN:	ADDRESS	TELEPHONE #
		Home Work
_____	_____	_____ / _____
FATHER		
_____	_____	_____ / _____
MOTHER		
CHILD'S NAME:	DATE OF BIRTH:	GRADE (CURRENT YEAR)
_____	_____	_____
_____	_____	_____

SCHOOL STUDENT CURRENTLY ATTENDING: _____

SCHOOL STUDENT PROPOSES TO ATTEND: _____

I understand the following conditions must be met in order for my child(ren) to be granted an exception:

1. This written request must be filed with the Superintendent's Office of the District in which the student wishes to enroll on or before November 30th. For the 2008-2009 school year only the request shall be due by March 31st and the draw will be conducted by April 30th, 2008.
2. My child's name must be drawn via a random selection process.
3. If my child's name is drawn, I realize they shall begin school in this district at the beginning of the next school year (along with other children submitted on this list) and if any child listed above leaves this district, or decides not to attend the immediate following year, I realize that I would have to reapply in the random selection process for them to return.

Each person who has signed this application acknowledges that they are aware that the penalty for providing false information on this form is that the student will not be permitted to enroll as a contract student or as a tuition student in the district they are seeking to enroll for the remainder of their educational years. Also, each person who signs this form acknowledges that they are aware that athletic eligibility shall be determined by KHSAA guidelines. Also, each person agrees and understands that a copy of this application shall be sent to Hardin County and/or the Elizabethtown Independent District.

(Parent Signature)	(Date)
(Parent Signature)	(Date)
(Guardian Signature)	(Date)

NOTE : This form must be completed and returned to the Superintendent's Office of the District in which the student wishes to enroll. A deposit may be required by each district with the application.
REASON(S) FOR REQUEST (OPTIONAL):

I acknowledge that my family does not currently reside in the Elizabethtown Independent School District. I understand that current residents of the Elizabethtown Independent School District are not eligible to apply in the Random Selection Process between the Elizabethtown Independent School District and the Hardin County School District.

(initial) _____