



**HHCS EMPLOYEE APPLICATION FOR
ATTENDANCE OF NON-RESIDENT STUDENT**

School Year: _____

Directions: This application should be completed by the student's parent or legal guardian and returned to the Superintendent at 5954 Longford Road, Huber Heights, OH 45424. If this is an *initial* application, please include a copy of the student's last report card and immunization records, which should include immunizations against DPT (including the addition of a Meningococcal and Tdap booster for 7th grade students), Polio (including the fourth dose of polio being administered on or after the fourth birthday), Measles, Mumps, Rubella, Hepatitis B, Varicella. 12th graders are required to have 2 Meningococcal vaccines or one Meningococcal vaccine after age 16.

STUDENT NAME: _____ **GRADE:** _____ **DOB:** _____ **AGE** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

SCHOOL DISTRICT OF RESIDENCE: _____

REQUESTED SCHOOL BUILDING FOR CHILD TO ATTEND: _____

TELEPHONE: _____ **CELL:** _____

PARENT(S) NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

NAME AND ADDRESS OF THE ADULT WITH WHOM THE STUDENT IS RESIDING (OTHER THAN PARENT, if Applicable):

SCHOOL LAST ATTENDED: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

TELEPHONE: _____ **CELL:** _____

GRADE: _____ **FROM:** _____ **TO:** _____

REASON FOR REQUESTING ADMITTANCE TO HUBER HEIGHTS CITY SCHOOLS AS A NON-RESIDENT STUDENT:

1. Has the student been enrolled in any remedial or special education classes?

Yes: _____ No: _____

If yes, please explain: _____

2. Is the student now or has the student ever been a student with a disability?

Yes: _____ No: _____

If yes, please explain: _____

3. Is the student now or has the student ever been in any type of vocational program?

Yes: _____ No: _____

If yes, please explain: _____

What type of educational program are your seeking for your child?

- _____ A regular public school program
- _____ A vocational education program
- _____ A Montgomery County Joint Vocational School program
- _____ Other. Please explain: _____

4. Is the student now or has the student ever been in any type of interscholastic athletic activities?

Yes: _____ No: _____

If yes, please explain: _____

5. Is the student now or has the student ever been expelled from school?

Yes: _____ No: _____

If yes, please explain: _____

The above information is accurate to the best of my knowledge. The natural, adopted, or custodial parent of this student is a certificated employee of the Huber Heights City School District and is covered under a negotiated agreement, which provides for tuition free attendance. I agree to pay all costs and educational fees in excess of the statutory tuition rate of the Board, if accepted.

(Signature/Relationship to Student)

(Date)

I give permission for the Huber Heights City School District to obtain copies of records including all educational, psychological, health, attendance, and discipline for the above named student.

(Signature/Relationship to Student)

(Date)

Superintendent's Approval

Date