

MSD Washington Township
Community & Education Center
8550 Woodfield Crossing Blvd.
Indianapolis, IN 46240

Fax: 317-205-3384
Phone: 317-845-9400



| | |
|-------------------------------|----------------|
| FOR OFFICE USE ONLY | |
| Date Received | _____ |
| Disciplinary Records Reviewed | _____ |
| District Action: | _____ Approved |
| | _____ Denied |

INTENT TO CONTINUE NONRESIDENT STATUS 2017-2018 School Year for Grades K-5

- **Please type or print clearly and complete all sections of the application.**
- **Intent to Continue Nonresident Status applications are required each year for all students approved for nonresident status. Failure to submit Intent to Continue application may result in loss of nonresident status.**
- **Discipline records from the past 12 months will be verified in Skyward.**
- **Submit a separate application for each student requesting nonresident status.**
- **Receipt of application will be confirmed via email within 48 hours.**
- **DO NOT SUBMIT MULTIPLE COPIES.**

Parent/Guardian is an Employee of MSDWT: Yes No

Student Full Legal Name: _____

Date of Birth: _____

Parent/Guardian Name: _____

Parent/Guardian Address: _____

City: _____ Zip: _____

Preferred Phone: _____ Alternate Phone: _____

E-Mail Address: _____

Home School District: _____ School Currently Attending: _____

Present (2016-2017) Grade Level: _____ Anticipated Grade Level (2017-2018) _____

Desired School: (Please list 3 choices.)

1. Select Desired School

2. Select Desired School

3. Select Desired School

List siblings of this student currently enrolled in MSDWT with a nonresident status.

1. _____ Grade Level _____
2. _____ Grade Level _____
3. _____ Grade Level _____

In submitting this form I am indicating that I understand the conditions of continued enrollment of my child as a nonresident student in the Metropolitan School District of Washington Township. I understand that I am responsible for transportation of my child to and from school. I understand that my child may be able to ride a district bus if I transport the child to a pick-up point of a designated route, providing there is space available on the bus; however, this is not a guarantee. Further, I understand that I could be billed an additional amount for the cost of transportation, if the district chooses to bill for transportation. I understand that final approval of nonresident status is subject to approval by the district. Following approval of nonresident status, I understand that continuation of this status is contingent upon my child remaining a student in good standing. Enrollment may be granted for a period of one school year (July 1 to June 30). Transfer requests will be reviewed each school year, with no transfers automatically carried over to subsequent school years.

By signing below, I am stating that this nonresident enrollment is made for reasons other than athletic participation.

I understand that my student's current discipline status will be verified by building administration. I understand if my student has, in the past twelve (12) months, been:

- suspended or expelled for a total of ten (10) or more school days;
- suspended or expelled for one or more days for firearms, destructive devices, weapons or look-alikes;
- suspended or expelled for one or more days for causing physical injury to a student, school employee, or visitor;
- suspended or expelled for one or more days for fighting; or
- suspended or expelled for one or more days for violation of the home school or previous school's drug or alcohol rules;

continued enrollment in MSD Washington Township may be denied.

I understand, in the event the MSDWT finds that any information provided on my student's behalf is false or misleading, this application can be denied or my student may be immediately removed from enrollment in the MSDWT.

Deadline for Intent to Continue Nonresident Status Application is December 15, 2016.

Return this form in person to the MSD Washington Township Community and Education Center (CEC), Attention: Director of Elementary Education; or by e-mail to pjenkins@msdwt.k12.in.us ; or by fax (317) 205-3384.

Parent/Guardian Signature: _____ Date: _____

The District reserves the right to review and amend this application based upon actions of the General Assembly or State Department of Education.