

Mississinewa Community School Corporation

424 East South "A" Street Gas City, IN 46933 765-674-8528

APPLICATION FOR NON-RESIDENT ADMISSION FOR 2018-2019 SCHOOL

YEAR FOR	R <u>2018-2019</u> SC	HOOL YEAR	PLEASE CH	IECK APP	ROPRIATE GRAD	E LEVEL:		
ELE	MENTARY (GRA	ADES PK – 5)		AIDDLE S	CHOOL (GRADES	6 – 8)	_HIGH SCHOOL (G	RADES 9 - 12)
STUDENT	NAME _	4.40	- 1		(TIDOT)		(2422)	
		(LAST)			(FIRST)		(MIDDLE)	
GENDER:	MALE	FEMALE			STUDENT BIRTHDATE			
STUDENT'S	GRADE LEVEL	FOR 2018-2	019 SCHO	DL YEAR_				
SCHOOL DI	STRICT STUDE	NT ATTENDE	ED IN 2017	-2018 _				
SCHOOL	DISTRICT	IN V	WHICH	THE	STUDENT'S	PARENT/	GUARDIAN	CURRENTLY
RESIDES			STUDE	NT RESID	ES WITH:			
NAME								
INCIVIL	(LAST)			(FIRST)		(MIDDI	LE)	
RELA	TIONSHIP TO S	TUDENT						
HOME PHONE			DAY P	HONE		CELL PHONE _		
NAME(LAST)				(FIRST)		(MIDDI	_E)	
RELA	TIONSHIP TO S	TUDENT						
HOME PHONE				DAY PHONE			CELL PHONE _	
ADDRESS	WHERE STUDE	NT RESIDES	:					
_	(STRFFT)				(CITY)		(STATE)	(ZIP)

PLEASE LIST ANY BROTHERS/SISTERS OF THIS STUDENT V MISSISSINEWA SCHOOL DISTRICT.	VHO WILL BE APPLYING FOR ADMISSION TO THE
Name	
Name	
Name	
Name	
required of those Universities. We perceive these profess our school. Also, because of the accomplishments of Miscoverage does take place. By signing this application below. 1. Your child may participate in approved and school faculty, or University faculty. Your child may participate in approved and school faculty in approved and school faculty. 2. Your child may participate in approved and school faculty. 3. Your child may participate in class sessions in	sist in the educational training and/or practicum experience sional experiences to be of significant value to your child and sissinewa Community Schools students and staff, media ow, you are giving permission that: upervised research projects conducted by Mississinewa alty and students. upervised observation and educational experiences
I understand that the Mississinewa Community School Costudents.	orporation does not provide transportation for non-resident
agreed to. It is also understood that any financial obligat	arts of this application have been read, are understood, and ions to the Mississinewa Community School Corporation will not be allowed to re-enroll for the following school
Parent/Guardian Signature	Date
If your child is not presently a student in the Mississinew must be returned with this application before this application.	a Community School Corporation the following information ation will be reviewed:

- 1. Transcripts
- 2. Report card from previous school
- 3. Standardized test scores (ISTEP, NWEA, etc.)
- 4. Attendance records
- 5. Birth certificate (copy)

Mississinewa Community School Corporation

Affirmative Action Survey

Since you are applying, as a parent/guardian, for a student seeking admission to Mississinewa Community Schools, we would appreciate your voluntary completion of the information requested below. The information gathered is confidential and is important to our Affirmative Action compliance with Title VII of the Civil Rights Act of 1963, the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990.

This form collects demographic data only. It is processed separately from the preceding application.

Student Name			
(Last)	(First)	(Middle)	
Does the student have a disability?	Yes	No	
If yes, please specify:			
Ethnic Category:			
White, not of Hispanic origin,	origins in any of the origi	nal people of Europe, North Afr	ica, or the Middle East
Black, not of Hispanic origin, o	origins in any black racial	group	
Hispanic, origins of Mexican, I regardless of race	Puerto Rico, Cuban, Cent	al or South American, or other	Spanish culture
Asian, or Pacific Islander, original Subcontinent, or Pacific Island		peoples of the Far East, SE Asia,	the Indian
American Indian or Alaskan na cultural identification through		e original people of North Ameri nunity recognition	ca who maintain
Multi-racial			