



Mississinewa Community School Corporation

424 East South A Street

Gas City, IN 46933

(765) 674-8528

APPLICATION FOR NON-RESIDENT ADMISSION FOR 2020-2021 SCHOOL YEAR

YEAR FOR 2020-2021 SCHOOL YEAR – PLEASE CHECK APPROPRIATE GRADE LEVEL:

_____ ELEMENTARY (GRADES PK – 5) _____ MIDDLE SCHOOL (GRADES 6 – 8) _____ HIGH SCHOOL (GRADES 9 - 12)

STUDENT NAME _____
(LAST) (FIRST) (MIDDLE)

GENDER: MALE _____ FEMALE _____ STUDENT BIRTHDATE _____

STUDENT'S GRADE LEVEL FOR 2020-2021 SCHOOL YEAR _____

SCHOOL DISTRICT STUDENT ATTENDED IN 2019-2020 _____

SCHOOL DISTRICT IN WHICH THE STUDENT'S PARENT/GUARDIAN CURRENTLY RESIDES _____

STUDENT RESIDES WITH:

NAME _____
(LAST) (FIRST) (MIDDLE)

RELATIONSHIP TO STUDENT _____

HOME PHONE _____ DAY PHONE _____ CELL PHONE _____

NAME _____
(LAST) (FIRST) (MIDDLE)

RELATIONSHIP TO STUDENT _____

HOME PHONE _____ DAY PHONE _____ CELL PHONE _____

ADDRESS WHERE STUDENT RESIDES:

(STREET) (CITY) (STATE) (ZIP)

PLEASE LIST ANY BROTHERS/SISTERS OF THIS STUDENT WHO WILL BE APPLYING FOR ADMISSION TO THE MISSISSINEWA SCHOOL DISTRICT.

_____	_____
Name	Grade
_____	_____
Name	Grade
_____	_____
Name	Grade
_____	_____
Name	Grade

Has the student(s) been suspended or expelled from school in the past three years? Y N _____(Name)

What is the number of days suspended in the past 12 months? _____(# days)

Has the student(s) been violation of an attendance or tardy policy in the past three years? Y N _____(Name)

What is the number of days absent/tardy in the past 12 months? _____(# days)

Because the Mississinewa Community School Corporation accepts student teachers and practicum students from surrounding Universities, we are often called upon to assist in the educational training and/or practicum experience required of those Universities. We perceive these professional experiences to be of significant value to your child and our school. Also, because of the accomplishments of Mississinewa Community Schools students and staff, media coverage does take place. By signing this application below, you are giving permission that:

1. Your child may participate in approved and supervised research projects conducted by Mississinewa Community School faculty, or University faculty and students.
2. Your child may participate in approved and supervised observation and educational experiences conducted in the various teacher education programs of the school system or University.
3. Your child may participate in class sessions in which photographs or videotapes are taken. These videotapes or photographs may be used to illustrate educational practices in a variety of professional settings.

I understand that the Mississinewa Community School Corporation does not provide transportation for non-resident students.

The signature of the parent/guardian indicates that all parts of this application have been read, are understood, and agreed to. It is also understood that any financial obligations to the Mississinewa Community School Corporation will be paid annually. Should any fees not be paid, the student will not be allowed to re-enroll for the following school year.

Parent/Guardian Signature _____ Date _____

If your child is not presently a student in the Mississinewa Community School Corporation the following information must be returned with this application before this application 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 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; if no, write N/A: _____

Ethnic Category:

_____ White, not of Hispanic origin, origins in any of the original people of Europe, North Africa, or the Middle East

_____ Black, not of Hispanic origin, origins in any black racial group

_____ Hispanic, origins of Mexican, Puerto Rico, Cuban, Central or South American, or other Spanish culture regardless of race

_____ Asian, or Pacific Islander, origins in any of the original peoples of the Far East, SE Asia, the Indian Subcontinent, or Pacific Islands

_____ American Indian or Alaskan native, origins in any or the original people of North America who maintain cultural identification through tribal affiliation or community recognition

_____ Multi-racial

* *Failure to report complete or accurate information may result in non-acceptance of the student(s).*