

School Year: _____

Grade of Requested Entry: _____

Date: _____

Murray Independent School District Out-of-District/State Application

This application, and requested information, must be completed in its entirety prior to consideration for admissions.

Student Name: _____ Current Grade: _____ Date of Birth: _____

Physical Address: _____ City: _____ State: _____ Zip Code: _____

School District of Physical Address: _____

Parent/Guardian Information

Parent/Guardian Name: _____	Parent/Guardian Name: _____
Relationship to Student: _____	Relationship to Student: _____
Phone 1: _____ Home Cell Work	Phone 1: _____ Home Cell Work
Phone 2: _____ Home Cell Work	Phone 2: _____ Home Cell Work
Email Address: _____	Email Address: _____
Place of Employment: _____	Place of Employment: _____

List current and previous schools attended:

School	District	Grades Enrolled	School Year(s)

List all curricular and extracurricular activities performed at current and former schools:

Please select one of the reasons listed below as your reason for making an Out-of-District request:

- I have one or more children already attending a Murray Independent school as an Out-of-District student, and I would like an additional child in my household to attend.
- I live very close to the school district and would like my child to attend Murray Independent.
- My family is planning to move to the Murray Independent School District. I would like my child to begin attending his/her new school.
- Reason other than listed above (explain): _____

Please answer the following questions: (Attach additional papers if necessary)

1. Why do you want to attend Murray Independent School District?
2. Have you ever been suspended from school? If yes, explain.
3. Have you missed more than 10 days of school in the last year? If yes, explain.

Please submit the following information with your application; these items should be on file with your current school. All items must be submitted for consideration.

Incoming (first time in school) Kindergartners are only required to submit items marked with a *.

- Copy of latest academic report card (for grades K-8) or transcript (for grades 9-11)
- Copy of student's physical examination and immunization records*
- Copy of birth certificate or other proof of age*
- Copy of latest attendance report
- Copy of latest discipline report

ADMISSION/RE-ADMISSION OF ANY OUT-OF-DISTRICT STUDENT IS SUBJECT TO ALL OF THE FOLLOWING CONDITIONS:

- Available room for In-District students;
- Academic performance;
- Attendance; and
- Behavior

IF APPROVED, THE FOLLOWING CONDITIONS APPLY:

- Parents/Guardians will receive a letter of acceptance from the superintendent for each individual student. It is not a guarantee that each member of the household will be accepted as an Out-of-District student. (Refer to above conditions);
- Parents/Guardians are responsible for all transportation to/from school . Students must be dropped off and picked up in a timely manner;
- Parents/Guardians and students will abide by all rules contained within the Murray Independent Code of Conduct;
- Parents/Guardians are responsible for tuition per student paid according to district tuition schedule.

	2023-2024 Rates	2024-2025 Rates
Kentucky Resident Out-Of-District Tuition Rate	\$400/per student per year	\$500/per student per year
Out-of-State Resident Tuition Rate	\$1,600/per student for first year \$650/per student each subsequent year	\$1,700/per student for first year \$750/per student each subsequent year

I understand the expectations set forth in policy (09.124 – Tuition) by the Murray Board of Education for all Out-of-District students. I agree to abide by terms and conditions of this application and we understand that false information may be grounds for denying this application or changing future status.

Students that are currently enrolled within the District and move out of the District during the school year may be considered for “Out-of-District” status if he/she meets the Out-of-District criteria and pay the required tuition.

Signature below verifies that each of the undersigned has read and fully understand the foregoing. In witness whereof, each of the participants sets fort his or her hand at the time and on the date below written.

Student Signature

Date

Parent/Guardian Signature

Date

THIS AREA TO BE COMPLETED BY MURRAY INDEPENDENT SCHOOL DISTRICT STAFF ONLY

Application is <u>APPROVED</u>	Parent/Guardian Notified – Date: _____
_____ Principal Signature Showing Approval	_____ Date of Review/Signature
_____ Superintendent/Designee Signature	_____ Date of Review/Signature

Application is <u>DENIED</u>	Parent/Guardian Notified – Date: _____
_____ Principal Signature Showing Denial	_____ Date of Review/Signature
Reason(s) for Denial:	
<input type="checkbox"/> No room availability	<input type="checkbox"/> Poor attendance
<input type="checkbox"/> Academic Performance below standards	<input type="checkbox"/> Unacceptable behavior
<input type="checkbox"/> Other (Explain):	

