

NON-RESIDENT AGREEMENT
RUSSELL INDEPENDENT SCHOOLS
FOR THE SCHOOL YEAR 20__ TO 20__

Pupil Name _____ Present Grade _____

Pupil Address _____ Phone _____

Name of Guardian(s) _____

Guardian Address _____

Relationship to Student _____ Number of Years at Residence _____

Name of District in Which Student Resides _____

Reason for Requesting Transfer:

Is your child eligible for any of the following services? _____ Gifted/Talented Program

_____ Special Education _____ Section 504 _____ Other

Please include other relevant information where appropriate such as the current "IEP" documentation or the most recent psychological education report.

Upon enrollment at Russell Independent Schools, non-resident students must demonstrate adequate academic progress, good behavior, and regular school attendance from the previous district and must maintain progress in these areas while enrolled at Russell Independent Schools. Failure to do so will result in dismissal from the Russell Independent School District and a notification to the student's district of residence.

Parent/Guardian Signature _____ Date _____

Note: Russell Independent Schools maintain approval based on current case/load enrollment. Transfer of students must be made on an annual basis. A transfer for one year does not assure approval for successive years.

Recommendation of School Administration

Accepted _____
_____ School Principal

Not Accepted _____
_____ District Superintendent