

**Nonresident Student/Parent/Educating School District Contractual Agreement**

_____ Student Name	_____ Age	_____ Grade	_____ Student Name	_____ Age	_____ Grade
_____ Student Name	_____ Age	_____ Grade	_____ Student Name	_____ Age	_____ Grade

\_\_\_\_\_  
Street Address

_____ City	_____ State	_____ Zip Code	_____ Resident County
---------------	----------------	-------------------	--------------------------

I UNDERSTAND THAT, IF APPROVED, THIS ASSIGNMENT WILL BE GRANTED FOR ONLY ONE (1) SCHOOL YEAR AND THAT ANY **SPECIAL** TRANSPORTATION NEEDED IS THE RESPONSIBILITY OF THE PARENT/GUARDIAN. AS NOTED IN DISTRICT POLICY 09.12, WE UNDERSTAND AND AGREE TO THE FOLLOWING REQUIREMENTS WHILE ATTENDING BALLARD COUNTY SCHOOLS.

- **Ninety-five percent (95%) attendance** (four [4] absences) per semester.
- Student shall not have **multiple violations of the Code of Conduct** resulting in multiple (two [2]) inductions, occurrences, or combinations of alternative school, out-of-school suspension or (one [1]) expulsion.
- Student shall **not be in the juvenile justice system**.
- Student shall maintain **academic progress that is age appropriate**.

If any or all of the above requirements are not fulfilled, I waive my student(s) rights to attend the Ballard County School District for the upcoming and subsequent semesters.

_____ <i>Student's Signature</i>	_____ <i>Date</i>
-------------------------------------	----------------------

_____ <i>Parent/Guardian's Signature</i>	_____ <i>Date</i>
---	----------------------

_____ <i>Director of Pupil of Personnel Signature Ballard County Schools</i>	_____ <i>Date</i>
---	----------------------

Review/Revised:3/21/2016