

WHITEFORD AGRICULTURAL SCHOOLS

CHILD OF EMPLOYEE

Student Name: _____ Birthdate: _____

Address: _____ Phone: _____

City/State/Zip: _____ Resident School District: _____

Grade: _____

School scheduled to attend: _____

Special services required by student: _____

Parent(s)/Guardian(s): _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Work Phone: _____

Position: _____ Building Employed: _____

By signing below, I acknowledge that my child has *not* been suspended within the preceding two years from another school or school district, nor has he or she been expelled from another school or school district. I understand that Whiteford Public Schools has discretion to place students at the building of its choice and may limit the number of nonresident pupils it accepts for enrollment in a grade, school, or program. Upon resignation or dismissal from my position with Whiteford Public Schools, my child is *not* eligible to attend Whiteford Public Schools under this provision.

Parent(s)/Guardian(s) Signature

Date

Student Signature (6th grade and above)

Date

Whiteford Public Schools' Superintendent

Date