

**UINTA COUNTY SCHOOL DISTRICT NO. FOUR  
APPLICATION FOR ADMISSION OF NON-RESIDENT STUDENT**

I, \_\_\_\_\_, a resident of  
*Parent/s Name(s)*

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, do hereby  
*City County State*

request the admission of my child(ren): \_\_\_\_\_  
*Student's Name(s)*

to attend school at Uinta County School District No. Four for the current / upcoming school year.  
*circle one*

The age(s) of the child(ren) are \_\_\_\_\_. I am requesting that they be  
enrolled in \_\_\_\_\_ grade(s) at Mountain View K-8 / High School.  
*list grade(s) circle one*

I understand that this request for admission is only good for one year and if approved, is only approved for one school year, and I will need to reapply for admission of my child **prior to the 30th day of July** of each school year thereafter. I understand that the decision of the school district as to whether or not to readmit my child is discretionary with the school and that the school may elect to not admit my child for any reason it deems appropriate, including financial concerns, staffing concerns, attendance problems, behavior problems, or any other reason it deems proper.

The Superintendent may, on a provisional basis, admit my child if I cannot apply sufficiently in advance to allow the Board of Trustees to act on my application. Such admittance shall be provisional only and with the understanding that if not approved by the Board of Trustees, will not be binding upon the School District.

I do further represent that I have made arrangements to have my child's school records from my child's previous school transmitted to Uinta County School District No. Four.

My child requires the following special education services (i.e., resource room, hearing impairment, speech, physical therapy, or other special services): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I verify that all special services are listed above. I understand that my failure to list any identified services or needs may result in the decision to admit my child being revoked.

Submitted this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

x \_\_\_\_\_  
Parent Signature

x \_\_\_\_\_  
Parent Signature  
*(Both parents must sign unless one parent has full child custody)*

\_\_\_\_\_  
Physical Address

\_\_\_\_\_  
Mailing Address

( \_\_\_\_\_ ) \_\_\_\_\_  
Telephone Number

( \_\_\_\_\_ ) \_\_\_\_\_  
Optional Contact Number

Adopted: October 4, 1994  
Revised: November 9, 2004  
Revised: February 12, 2008