NICE COMMUNITY SCHOOL DISTRICT

Schools of Choice / Non-Resident Enrollment Application

Please complete the following information and submit to the **NICE COMMUNITY SCHOOL DISTRICT**. The District will then respond to your request.

Name of Student	Grade student will enter
Resident School District	Date of Birth
(what school di	istrict yo <mark>u live i</mark> n)
Has the student ever been suspended or (If yes, please provide the approximate	
(If yes, please provide a copy of the pla	guided by an IEP or 504 plan? ()No ()Yes an with this application. We will copy it and return it to you.) dren currently in the home enrolled in the NICE District?
Name(s):	ation on Custodial Parent(s)
Address:	City/Sta <mark>te/Z</mark> ip:
Home Phone:	Work/Cell Phone:
any prior problems by child has had in sch and any applicable polices of the Board. <u>I</u> educational experience, which includes m high academic and behavioral expectation It is the policy of this District that no student s	he NICE Community School District permission to investigate hool. I/we agree that our child will abide by rules of the school /we agree to partner with the school to support a high-quality naintaining open lines of communication and supporting the ns of the school. Shall be discriminated against on the basis of race, color, religion, ancestry, age, disability, height, weight, or other protected categories.
Parent Signature(s):	Date [.]