

**REQUEST FOR ADMISSION TO USD #381  
SPEARVILLE/WINDTHORST SCHOOL**

Parent Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**STUDENT INFORMATION**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Entering Grade \_\_\_\_\_ Enrolling Year \_\_\_\_\_

Last School Attended \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Principal's Name \_\_\_\_\_

Reason for Transfer \_\_\_\_\_

**Please send the following to:**

USD #381  
Superintendent of Schools  
Box 338  
Spearville, Kansas 67876

**FORMS:**

- \_\_\_\_ Official Transcript  
(Grades, Test scores)
- \_\_\_\_ Attendance Records
- \_\_\_\_ Health Records
- \_\_\_\_ Cumulative Folder
- \_\_\_\_ Special Services Received, if any
- \_\_\_\_ Discipline Record

**Materials must be turned in before student will be considered for enrollment.**

Please list reasons why you want your students to attend USD #381

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

Please list other siblings at home  
Name: \_\_\_\_\_ Grade \_\_\_\_\_

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

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

This form must be completed and returned before consideration for enrollment. Return to: Superintendent of Schools, Box 338, Spearville, Kansas 67876

Failure to maintain passing grades, required attendance and/or good behavior will impact your continued enrollment at USD #381.

APPROVED: Date \_\_\_\_\_

NOT APPROVED: Date \_\_\_\_\_

\_\_\_\_\_  
Superintendent Signature

APPROVED: Date \_\_\_\_\_

NOT APPROVED: Date \_\_\_\_\_

\_\_\_\_\_  
Principal Signature