Application for Part Time Enrollment

I, **(print name)** _____, am the parent or legal guardian of **(print child's name)** _____, and have legal authority to make education decisions regarding the child. My child resides in the Leyton Public School District and seeks to be enrolled in Leyton Public Schools as a part-time student. My child seeks enrollment in the following courses*:

_____

_____

_____

*if the course is a sequential course (e.g. Spanish III), please include an explanation of the child's preparation to enroll in the course

I understand that my child's ability to enroll in the course(s) above is subject to (1) board policies governing the admission of students; (2) course capacity; and (3) scheduling constraints. I further understand that my child must comply with all rules and regulations of the school district, the directives of its staff, and the policies of its board of education. Should my child fail to comply with the above, he/she will not be allowed to continue in part-time enrollment.

Notarized signature required:

Printed Name: _____

Relationship to Student: _____

Address: _____

_____

Phone Number: (_____) _____ Date _____

Signature:_____

COUNTY OF _____)
) ss.
STATE OF NEBRASKA)

Signed in my presence and sworn to this ___ day of _____, 20____.

_____
Notary Public