

KENNEWICK SCHOOL DISTRICT NO. 17
APPLICATION FOR STUDENT REENTRY TO PUBLIC SCHOOL FROM HOME
OR NONACCREDITED PRIVATE SCHOOL

Dear Parent:

Please provide the following information and return to the superintendent or his/her designee.

Date: _____

- | | |
|----------------|-----------------|
| | |
| Student's Name | Parent/Guardian |
| | |
| Birth date | Home Address |
| | |
| Phone | City/State |

- To be completed by the superintendent or his/her designee.

School assignment based upon the above home address and birthdate:

- | | |
|----------------|--------------|
| | |
| School | Principal |
| | |
| School Address | School Phone |

- Please take this form to the above school. You will be required to provide the principal with the following information:

- _____ Copies of previous school transcripts and test data
- _____ Birth certificate
- _____ Verification of immunization status
- _____ Statement of what time period home-based instruction took place, e.g., month/year

Principal: Initial and date above when completed. Return to the Superintendent, or his/her designee.

Please feel free to contact the **building principal** to discuss your child's reentry and any special concerns you may have at this time. It is our intention to provide your child with an appropriate transition to public school.