Lowell Area Schools 105c Non-Resident Enrollment 2025-2026 Application

Student Name:			(Current Grade:		
Current School District You Reside In:						
	do you prefer (if applicable					
Home Address:			City:		Zip:	
					District? ☐ Yes ☐ No	
Are there any other yes, please list nam	· / •		nat currentl			
	Sibling Nan	ne		Ento	ering Grade	
Reason for Reques	t:					
	is student has been:					
	ended Date/Reason/District					
☐ Expelled	Date/Reason/District				-	
Please review the	information on the bac	ck then read and <u>sig</u>	ın helow:			
This district does no district reserves the applicant to meet a denied to a student to a Special Educa regarding costs can the information proving the second secon	not discriminate on the base right to limit enrollmer any special requirements twho has been suspendation student wishing to ennot be obtained with the	pasis of race, color, disa ent based on capacity of ts for entry into its but ded or expelled from the enroll under Section 10 eir district of residence, is true and complete t	sability, relige of buildings or neir previous 05c for who be to the best	gs or progra programs. us district or nom a writte stand these t of my know	er, or national origin. The ams, as well as failure of Enrollment may also be convicted of a felony and en cooperative agreement limitations and certify that wledge. I understand the ation.	
Parent/Guardian Sig	gnature				Date	
Email or mail this app	olication to: Sonja DeDonado				do@lowellschools.com	
		District Use Only				
☐ Enrollment Approve	ed	Special Ed Agreement in	n Place with	ı Resident D	istrict	
☐ Enrollment Denied	Reason:					
Authorized Signatu	ıre:	Date Notified	1:			