

Cherryvale Diploma Center  
2015-2016 Registration Form

Student Name: \_\_\_\_\_

Address: Street \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

(Under 18 years) **Mother/Guardian Name:** \_\_\_\_\_

(Under 18 years) **Father/Guardian Name:** \_\_\_\_\_

**To whom will information about the student be released (if joint custody please list both custodial parents):**

\_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Cell Phone #2:** \_\_\_\_\_

E-mail Address \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth. \_\_\_\_\_ Age: \_\_\_\_\_

Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female Place of Birth: \_\_\_\_\_

Is the individual Hispanic/Latino? **Yes or No (Please Circle)**

Is the individual from one or more of these races? **(check all that apply)**

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

**\*\*Do You Currently Have**

**\*\*GED**  No  Yes

**\*\*HIGH SCHOOL DIPLOMA**  No  Yes

**\*\*GRADUATION YEAR: \_\_\_\_\_ (YEAR YOU SHOULD GRADUATE/YEAR YOU SHOULD HAVE GRADUATED)**

**Non-refundable Registration Fee: \$250 Cash or Check # \_\_\_\_\_ or Money Order**  
**Date Paid: \_\_\_\_\_ Staff Initials: \_\_\_\_\_**

By signing this registration form, the student is verifying that all the above information is accurate and is authorizing the Center to investigate any discrepancies deemed necessary.

**Student's signature:** \_\_\_\_\_

(If student is under 18), Parent's signature: \_\_\_\_\_

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

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USD #447 District Action

\_\_\_\_\_ Approved \_\_\_\_\_ Disapproved

\_\_\_\_\_  
Administrator/Date

**CHERRYVALE U.S.D. #447  
NON-RESIDENT APPLICATION FOR ADMISSION**

Directions: Submit only one application per family. In the spaces below, list those pupils you wish to have admitted to the district. Return the form to the Cherryvale Diploma Center or the District Central Office.

<u>Student's Last Name</u>	<u>First Name</u>	<u>Middle Name</u>	<u>Grade</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Home Address \_\_\_\_\_

Telephone \_\_\_\_\_

I hereby request admission to Cherryvale U.S.D. 447 Schools for the above named student(s) for the academic year of \_\_\_\_\_. We currently live in \_\_\_\_\_ school district.

If this is a first time request to transfer into the Cherryvale School District, a background check will be conducted with the student(s) previous district. The following will be explored by the building principal:

1. Discipline and academic status of the student in their previous school attendance.
2. General attitude of the student and parent or guardian making application.
3. The legality of the residence of the student while attending school in U.S.D. #447.

The principal's recommendation will be considered prior to any decision concerning applications for admission by a non-resident-student.

The U.S.D. #447 District reserves the right to refuse attendance to any and all out of district students.

I have reviewed the conditions of application for non-resident status for my students and understand this application is for only one academic school year. Future enrollment status will be determined on a yearly basis.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Signature of Parent if Student is under 18

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

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U.S.D. #447 District Action

\_\_\_\_\_ Approved      \_\_\_\_\_ Disapproved

\_\_\_\_\_  
Superintendent/Date

Copies to: Parent  
              Each School  
Original for: District Office

**Cherryvale Diploma Center**  
 218 W. Main, Cherryvale, KS 67335  
 620-336-2530 / FAX: 620-336-8012

**RELEASE/REFUSAL AND AUTHORIZATION TO PHOTOGRAPH  
 AND/OR PUBLICIZE STUDENT ACTIVITIES**

Release/refusal executed on \_\_\_/\_\_\_/\_\_\_, By \_\_\_\_\_  
(date) (Student's Name)  
 Of \_\_\_\_\_ County,  
(Address) (City) (State) (County)

here referred to as Student, of Unified School District No. 447, Cherryvale Schools, 618 E. 4<sup>th</sup>, Cherryvale, Montgomery County, Kansas, here referred to as District.

In consideration of the opportunity to participate in the following described activity: **District Public Relationship Productions.** Student, or if student is not of lawful age, by and through his/her parent/guardian, hereby **agree to** or **refuse** the following line items: (please check whether you agree or refuse the following items)

<input type="checkbox"/> I agree to the following  <input type="checkbox"/> I refuse the following	I hereby consent to being the subject of photographs, films and the audio and videotapes of the District, together with any subject matter owned by Student, and hereby authorize the District to cause the same to be exhibited, with or without advertising, sponsorship, as still photographs, transparencies, motion pictures, television, audio, video or similar media.
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<input type="checkbox"/> I agree to the following  <input type="checkbox"/> I refuse the following	I hereby consent to my <b>image</b> being exhibited on the <a href="http://www.usd447schools.org">www.usd447schools.org</a> web site or other such USD 447 district sites that may exist.
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<input type="checkbox"/> I agree to the following  <input type="checkbox"/> I refuse the following	I hereby consent to my <b>name, either in whole or in part,</b> being exhibited on the <a href="http://www.usd447schools.org">www.usd447schools.org</a> web site or other such USD 447 district sites that may exist.
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In witness whereof, Student, or if Student is not of lawful age, by and through his/her parent/guardian, has executed this release or refusal for the above selected items, on the day and year above written.

\_\_\_\_\_  
 (Signature)

**Records Request  
Cherryvale Diploma Center  
218 W. Main:  
Cherryvale, KS 67335  
620-336-2530  
FAX: 620-336-8012**

**Date:** \_\_\_\_\_

**To:** School Last Attended \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

**To Whom It May Concern:**

**RE: Full Name:** \_\_\_\_\_

**Last name if different than above:** \_\_\_\_\_  
(Maiden or other last name)

**S.S.N.** \_\_\_\_\_

**D.O.B.** \_\_\_\_\_

**Date Last Attended:** \_\_\_\_\_

The above-mentioned student has inquired about attending our diploma center. We would appreciate you forwarding an original copy of their transcript to the address or fax number listed above. Thank you for your cooperation.

Sincerely,

Tonya Smedley  
Administrator/Cherryvale Diploma Center

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(If student is under 18 years)