



**Out of District Student Application
Candor Central School District**

2019 – 2020 School Year

Student Information:

Name: _____

Date of Birth: ____/____/____

Grade Level: _____

Residence:

Street: _____

City: _____ State: _____ Zip Code: _____

Current/Previous School District: _____

Contact Person: _____ Title: _____

Parent/Guardian(s):

Name: _____ Name: _____

Phone #: _____ Phone #: _____

E-Mail: _____ E-Mail: _____

State a brief reason as to why you would like your child to attend Candor Schools:

Signature: _____ **Date:** ____/____/____

Submit completed form to: Candor Schools District Office, 1 Academy Street, Candor NY 13743