

OPEN ENROLLMENT

ATTENDANCE APPLICATIONFile this application at the School District office

Student's name						
	Last	First	M.I.			
Current grade _	Birth date _	Home phone				
Work phone		Message phone				
Parent's name						
	Last	First	M.I.			
Home address _						
	Street	City	Zip			
E-mail address						

The above-named student:		resides outside the School District; or
		resides within the School District

Present school of attendance

School	District			
City	County			
Request assignment to	School			
s the above-named student:				
Yes No Expelled or long-t district?	erm suspended from any school or school			
Yes No Currently subject to expulsion or long-term suspension from a school or school district?				
Yes No N/A In complia court?	ance with conditions imposed by a juvenile			
Yes No N/A In compli	ance with a condition of disciplinary action			
school or scho	ool district?			

Note: The following conditions apply to the open-enrollment program:

- 1. An attendance application must be completed and submitted on or before March 15.
- 2. Enrollment is subject to the capacity limit established for the school and/or its grade levels.
- 3. On or before July 1, the parent or legal guardian will be notified in writing whether the application has been accepted, rejected, or placed on a waiting list.

- 4. Transportation for the student may be the responsibility of the parent or legal guardian.
- 5. Providing false information on this form may result in the application being denied or admission being revoked.

The signatory affirms that the student will abide by the rules, standards, and policies of the school and the District if enrolled.

Signature of Parent or Legal Guardian		Date					
FOR DISTRICT USE ONLY *** DO NOT WRITE BELOW THIS LINE							
Student number	Date stamp						
		Filing Date					
Accepted Placed on waiting list							
Principal							
Date							
Rejected - Reason for rejection							
Copies sent by school to applicant and Superintendent's office.							
Date sent							