OPEN ENROLLMENT

ATTENDANCE APPLICATION File 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; <i>or</i>				
	□ resides	within the School District		
Present school of attendance				
School		District		
City		County		
Request assignment to Schoo				
Is the above-named student:				
□ Yes □ No	Expelled or long-term suspended from any school or school district?			
□ Yes □ No	Currently subject to expulsion or long-term suspension from a school or school district?			
□ Yes □ No	□ N/A In compliance	with conditions imposed b	y a juvenile court?	
⊒ Yes □ No	□ N/A In compliance with a condition of disciplinary action in any school or school district?			

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

- 1. An attendance application must be completed and submitted.
- 2. Enrollment is subject to the capacity limit established for the school and/or its grade levels.
- 3. The parent or legal guardian will be notified in writing within six (6) weeks 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 Guar	rdian	Date
FOR DISTRICT USE ONLY ***	DO NOT WRITE BELO	OW 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		