

OPEN ENROLLMENT
ATTENDANCE APPLICATION
File this application at the School site

School Year: _____

Student's name: _____ Student number: _____
Last First M.I.

Current grade: _____ Birth date: _____ Home phone: _____

Student resides outside the School District or Student resides within the School District

Home address: _____
Street City Zip

Phone: _____ E-mail: _____

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

In compliance with conditions imposed by a juvenile court? Yes No N/A

In compliance with a condition of disciplinary action in any school or school district? Yes No N/A

Present School of Attendance: _____ District: _____

City: _____ County: _____

Request assignment to _____ School

School Aged Siblings:

Name School Grade

Name School Grade

Name School Grade

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

- 1. An attendance application must be completed and submitted on or before March 1.
- 2. Enrollment is subject to the capacity limit established for the school and/or its grade levels.
- 3. On or before June 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.

Parent/Legal Guardian name

Parent/Legal Guardian Signature

Date

FOR DISTRICT USE ONLY. PLEASE DO NOT WRITE BELOW THIS LINE

Accepted Placed on waiting list Rejected – Reason _____

Principal's Signature: _____ Date: _____

Date copies sent by school to applicant and District Office: _____

Superintendent's Signature: _____ Date: _____