



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; *or*
 resides within the School District

Present school of attendance

City _____ County _____

Request assignment to _____ **School**

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 In compliance with conditions imposed by a juvenile court?
N/A _____

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

Yes No Requires special education services?

If yes, please indicate type of services: _____ (Resource, Self-Contained, Other) **BEST, ED, Autism Programs require Special Education Director approval**

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

1. An attendance application must be completed and submitted beginning March
2. Enrollment is subject to the capacity limit established for the school and/or its grade levels. Enrollment in special education programs is also subject to capacity limits as established in District Governing Board Policy JFB – Open Enrollment and IIB-R – Class Size (Special Education). Lack of availability of specialized programs/services may impact the open enrollment eligibility of nonresident special education students
3. Beginning 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.

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 _____
Signature and Date

Rejected - Reason for rejection _____

Accepted Placed on waiting list SpEd Dir. _____
Signature and Date

Rejected - Reason for rejection _____

Copies sent by school to applicant and Superintendent's office on _____