

NONRESIDENT STUDENT APPLICATION FOR ENROLLMENT

File This Application at the School You Want Your Child to Attend

STUDENT INFORMATION

Student's Name: _____
Last Name First Name M.I.

Current Grade: _____ **Birth Date:** _____ **Home Phone:** _____

Parent's Name: _____
Last Name First Name M.I.

Home Address: _____
Street Address City ZIP

Work Phone: _____ **Message Phone:** _____

PRESENT SCHOOL OF ATTENDANCE

School Name: _____ **District:** _____

City: _____ **County:** _____

Request Assignment to: _____ **School**

Is the above-named Student:

- Yes No Expelled from any school or district?
- Yes No Currently being considered for expulsion from a school or district?
- Yes No In compliance with conditions imposed by a juvenile court? N/A
- Yes No In a special program such as ELL, Title I, Gifted, or Special Education? Which? _____

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. You will be notified whether the application has been accepted, rejected, or placed on a waiting list.
4. APPLICATION ACCEPTANCE IS ON A YEAR-BY-YEAR BASIS.
5. Transportation for the student may be the responsibility of the parent or legal guardian.
6. 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 Signed

For District Use Only

STUDENT NUMBER: _____ **DATE STAMP:** _____

Accepted Placed on Waiting List
 Rejected: Reason _____ **Principal:** _____
Signature Date

Copies sent by school to applicant and Superintendent's office. Date Sent: _____