NONRESIDENT STUDENT APPLICATION FOR ENROLLMENT

File This Application at the School You Want our Child To Attend STUDENT INFORMATION Student's Name: ____ Last Name First Name M.I. Birth Date: _____ Home Phone: Current Grade: Parent' 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: (Please circle your response) Yes or No Expelled from any school or district? Yes or No Currently being considered for expulsion from a school or district? Yes or No In compliance with conditions imposed by a juvenile court? Yes or No In a special program such as ELL, Title I, Gifted, or Special Education? 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 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: Place on Waiting List Accepted Rejected: Reason_____ Principal: Signature Date