EXHIBIT

EXHIBIT

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: \Box resid \Box resid		 resides outside the School resides within the School 			
Present school of attendance					
School		District			

City _____ County _____

Is the above-named student:

 \Box Yes \Box No Expelled or long-term suspended from any school or school district?

 \Box Yes \Box No Currently subject to expulsion or long-term suspension from a school or school district?

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

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

EXHIBIT

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

1. An attendance application must be completed and submitted on or before March 15.

2. Enrollment is subject to the capacity limit established for the school and/or its grade levels.

3. Parent/Guardian will be notified regarding the students' enrollment opportunities at the school within two (2) weeks of determination date.

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
0-0-0-0			

Date

FOR DISTRICT USE ONLY + DO NOT WRITE BELOW 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						