EXHIBIT	EXHIBIT

OPEN ENROLLMENT

	ATTENDAN	NCE APPLICATION	
	File this applica	tion at the School I	District Office
Student's name Last	First M.I.		
Current grade	Birth date	Home pl	none
Work phone		Message ph	none
Parent's name			
	Last	First M.I.	
Home address	Street	City	Zip
E-mail address			
	student: residnin the School Distri	es outside the School ct	District; or
Present school	of attendance		
School		District	
City		County	
Request assignr	ment to		School
Is the above-name	ed student:		
☐ Yes ☐ No district?	Expelled or long-te	erm suspended from a	any school or school
☐ Yes ☐ No school or school di		o expulsion or long-te	erm suspension from a
☐ Yes ☐ No juvenile court?	□· · ·N/A In c	ompliance with condi	tions imposed by a
	□· · ·N/A In color school district?	ompliance with a con	dition of disciplinary

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

- 1. An attendance application must be completed and submitted on or before May 10.
- 2. Enrollment is subject to the capacity limit established for the school and/or its grade levels.
- 3. On or before May 30, 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 Filing Date	Date stamp
☐ Accepted ☐ Placed on waiting list	Superintendent
Date	
\square Rejected - Reason for rejection	
Copies sent by school to applicant.	
Date sent	