



ALUM ROCK UNION ELEMENTARY SCHOOL DISTRICT

Office Use: Student SSID _____

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Alum Rock Union Elementary School District Middle School Open Enrollment Application

All information on this form must be filled out or it will not be processed. A separate application must be completed for each student.

The Open Enrollment stays valid for as long your child attends their approved school.

- CHECK THIS BOX IF STUDENT HAD AN EXPULSION OR DISCIPLINARY TRANSFER DURING THE CURRENT OR PRIOR SCHOOL YEAR. **A student of this nature may not be approved on this application.**

Before filling out this form, read the attached open enrollment guidelines.

A. STUDENT INFORMATION (please print)

Student Name _____ **SEX: M F**
(as on birth certificate) LAST FIRST FULL MIDDLE NAME Circle One

CURRENT ADDRESS _____ CITY _____ STATE _____ ZIP _____

Student Date of Birth _____ Student Birthplace _____ STATE _____
 MONTH DAY YEAR CITY

Parent/Legal Guardian _____ & _____ STUDENTS NATIVE LANGUAGE
 LAST FIRST LAST FIRST

Parent/Guardian Telephone Number Home () _____ Work () _____ Cell () _____

Parent/Guardian E-mail _____

B. SCHOOL INFORMATION

School student is currently attending _____ Current Grade student is in _____

C. OPEN ENROLLMENT REQUEST

Please list 3 middle school you would like your child to attend in order of preference. Your child's home school should be included in your request.

1st Choice _____ 3rd Choice _____
 2nd Choice _____

D. SIBLING INFORMATION (A separate application must be completed for each student)

List siblings requesting an open enrollment to the same school. List siblings who now attend the school this student is applying for.

LAST FIRST MIDDLE LAST FIRST MIDDLE

E. SPECIAL EDUCATION STUDENT ONLY

Does your child have an Individualized Education Plan (IEP) for special education services, including speech/language therapy? Yes No

School choice for students receiving special education is based on the availability of appropriate services at the school.

In the event my child is accepted, I hereby grant permission for school/education records to be transferred between schools. My signature further indicates I have read the open enrollment guidelines.

Signature of Parent or Guardian _____ Date _____

FOR OFFICE USE ONLY

Assigned School: _____ Approved by: _____ Date: _____

Parent declined placement Date: _____ Time: _____