



# Open Enrollment/ Transfer Application Form

Please complete the information requested below and return this form to the Registration Center. You will be informed whether your child(ren)'s application has been accepted or if your child(ren) has (have) been placed on a waiting list pending available capacity. Applications will be considered following the District's admission standards and open enrollment priorities. (see Governing Board Policies 5-105 & 5-105A )

Date of Request: \_\_\_\_\_ For School Year \_\_\_\_\_

I request that my child(ren) be permitted to attend the following school(s) in order of preference

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

## Section A – Student(s) Information

Name of Student: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Grade: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Does this student need a specialized program (i.e. – Gifted, ELL, etc.)?  No  Yes Specify: \_\_\_\_\_

Does this student currently have an IEP?  No  Yes Does this student currently have a 504?  No  Yes

### Sibling(s) seeking Open Enrollment

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_ ID# \_\_\_\_\_ Does this student need a specialized program (i.e. – Gifted, ELL, etc.)?  No  Yes Specify: \_\_\_\_\_

Does this student currently have an IEP?  No  Yes Does this student currently have a 504?  No  Yes

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_ ID# \_\_\_\_\_ Does this student need a specialized program (i.e. – Gifted, ELL, etc.)?  No  Yes Specify: \_\_\_\_\_

Does this student currently have an IEP?  No  Yes Does this student currently have a 504?  No  Yes

Are any of your children listed above currently on or being considered for expulsion or long-term suspension?  
 No  Yes Which one(s)?

## Section B – Parent/Guardian Information

Parent/Guardian Name (PLEASE PRINT) \_\_\_\_\_

Relationship with the student(s) listed above is :  Parent  Person with legal custody  
 Other (Explain)

**Proof of legal custody is required at the time of school enrollment.**

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Residential address of parent or person with legal custody: \_\_\_\_\_

*(Please provide a complete home address, including zip code)*

***I understand that transportation is the responsibility of the parent/guardian. I also understand that I may request transportation to and from school using a designated pick-up point on a bus route currently serving the attendance area of the school.***

## Section C – Agreement

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature affirms that the above information is accurate and the student(s) will abide by the rules, standards, and policies of the school/District.

<b>FOR DISTRICT USE ONLY</b>		Date entered into Synergy:
Date application received: _____		
Application Status: Accepted <input type="checkbox"/> Waiting listed <input type="checkbox"/>		
DATE PARENT/LEGAL GUARDIAN NOTIFIED OF THE OUTCOME	APPROVED BY	
Projected Entry Date / Code _____ / _____	Actual Entry Date _____	