

# NONRESIDENT STUDENT APPLICATION FOR ENROLLMENT

*File This Application at the School You Want Your Child to Attend*

## STUDENT INFORMATION

Student's Name: _____		
_____	_____	_____
Last Name	First Name	M.I.
Current Grade: _____	Birth Date: _____	Home Phone: _____
Parent's 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:

- |                              |                             |   |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Expelled from any school or district?   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Currently being considered for expulsion from a school or district?                     |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | In compliance with conditions imposed by a juvenile court? <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | In a special program such as ELL, Title I, Gifted, or Special Education? Which? _____   |

### **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 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 Signed**

## For District Use Only

<b>STUDENT NUMBER:</b>		<b>DATE STAMP:</b>	
<input type="checkbox"/> Accepted	<input type="checkbox"/> Placed on Waiting List		
<input type="checkbox"/> Rejected: Reason _____		<b>Principal:</b> _____	
_____		Signature	Date
Copies sent by school to applicant and Superintendent's office. Date Sent: _____			