



Open Enrollment/Transfer Application Form

Please complete the information requested below and return to the school where you are requesting open enrollment/transfer for your child(ren). You will be informed whether your child(ren)'s application has been accepted, if your child(ren) has (have) been placed on a waiting list pending available capacity, or if the application has been rejected. Applications will be considered in accordance with the District's admission standards and open enrollment priorities.

Type of request:

- In-District Transfer Out-of-District Open Enrollment Request No Child Left Behind Act Transfer

Mark one: Continuing Student(s) (*Complete Sections A and C only*) New Student(s)

Date of Request: _____ For School Year: _____

Section A

Name of Student: _____ Student ID#: _____

Grade: _____ Age: _____ Date of Birth: _____

Sibling(s) seeking Open Enrollment

Name: _____ Grade: _____ Birthdate: _____ ID# _____

Name: _____ Grade: _____ Birthdate: _____ ID# _____

My relationship to the student(s) seeking open enrollment is: Parent Person with legal custody

Other (*Explain*) _____

Proof of legal custody is required at the time of school enrollment, if accepted.

Residential address of parent / person with legal custody:

(Please provide complete home address, including zip code)

which is located within the _____ attendance area.

Former Address: _____

Last School Attended: _____ Last Date of Attendance: _____

Section B

Rationale: In accordance with the policy of the Washington Elementary School District, I request that my child(ren) be permitted to attend _____ School for the following reasons:

- Quality of school/school programs, IEP, or No Child Left Behind Act
- Personal needs, check all that apply:
 - Near child care provider Near work Availability of day care program
 - Problem at home school Other: _____

I understand that no transportation will be provided. Transportation is the responsibility of the parent/guardian.

Are any of your children currently on an expulsion contract or long-term suspension or considered for expulsion or long-term suspension? No Yes (*If yes, in addition to completing this form, you must submit a request for admission in writing to the Superintendent.*)

Are any of your children in compliance with conditions imposed by a juvenile court? No Yes Not Applicable

Does any of your children currently have an IEP? No Yes 504? No Yes

Section C

Home Telephone: _____ Cell Phone: _____ Work Telephone: _____

Parent/Guardian Name (PLEASE PRINT): _____

Signature: _____ Date: _____ E-mail: _____

(Signature affirms that the above information is accurate, that the student(s) will abide by the rules, standards and policies of the school and the District, if enrolled, and that failure to comply with rules, standards and policies may result in the revocation of open enrollment.)

SCHOOL USE ONLY

Date application received: _____

Application accepted Waiting list

Application rejected

Date parent/legal guardian notified of final outcome _____

Principal Signature (Receiving School): _____