



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 & 5-105.A)

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.

FOR DISTRICT USE ONLY

Date application received: _____

Application Status: Accepted ☐ Waiting listed ☐

DATE PARENT/LEGAL GUARDIAN NOTIFIED OF THE OUTCOME

APPROVED BY

Projected Entry Date / Code

Actual
Entry Date