

EXHIBIT

2018 - 2019 OPEN ENROLLMENT ATTENDANCE APPLICATION

File this application at the requested school site.

Student's Name: Last First M.I.

Going into Grade (2018-2019 school year) Birth Date:

Home Phone:

Work Phone: Message Phone:

Parent's Name: Last First M.I.

Home Address: Street City Zip

E-mail Address:

The above-named student: resides outside the Maricopa Unified School District; or resides within the Maricopa Unified School District

Subdivision:

Present school of attendance/or home school:

School: District:

City: County:

Request assignment to: (name of school)

Is the above named student:

- Expelled or long-term suspended from any school or school district?
Currently subject to expulsion or long-term suspension from a school or school district?
In compliance with conditions imposed by a juvenile court?
In compliance with a condition of disciplinary action in any school or school district?

Maricopa Unified: A community dedicated to student success

**Note: The following conditions apply to the open-enrollment program:**

1. An attendance application must be completed and submitted on or before **April 15** on a yearly basis.
2. Enrollment and continued enrollment is subject to the capacity limit established for the school and/or its grade levels.
3. On or before **May 15**, the parent or legal guardian will be notified in writing whether the application has been accepted, rejected, or placed on a waiting list. (There is a chance that the selected school may not be able to finalize acceptance until after the tenth day of the new school year.)
4. Transportation for the student is the responsibility of the parent or legal guardian.
5. Providing false information on this form may result in the application being denied or admission being revoked.

The signature affirms that the student will abide by the rules, standards, and policies of the school and the district if enrolled. Failure of the student to abide by the rules, standards, and policies of the school and the district may result in a loss of open enrollment, at the discretion of the principal.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

**FOR DISTRICT USE ONLY. DO NOT WRITE BELOW THIS LINE**

**Student number:** \_\_\_\_\_

**Date stamp:** \_\_\_\_\_  
Filing Date

Accepted     Placed on a waiting list

Principal: \_\_\_\_\_

Rejected – Reason for rejection: \_\_\_\_\_

Copies sent by school to applicant and Superintendent’s office.

Date sent: \_\_\_\_\_