

# Winslow USD#1 – Student Registration Form

A

School: \_\_\_\_\_ School ID#: \_\_\_\_\_ SAIS ID#: \_\_\_\_\_  
 Enrollment Code: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_ Date Entered in Powerschool: \_\_\_\_\_

**STUDENT INFORMATION (Please Print)**

Student's Last Name		First Name		Middle Name	
Date of Birth	Place of Birth (City, State, Country)			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Grade
Primary Home Address			City	State	Zip Code
2 <sup>nd</sup> Home Address (if applicable):			City	State	Zip Code
Primary Mailing Address (if different from home address listed above)			City	State	Zip Code
2 <sup>nd</sup> Mailing Address (if applicable)			City	State	Zip Code
Primary Phone Number	Dorm Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	With whom does student reside? <input type="checkbox"/> Father <input type="checkbox"/> Step Father <input type="checkbox"/> Mother <input type="checkbox"/> Step Mother <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Guardian <input type="checkbox"/> Other (Specify): _____		Ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Am. Indian/Alaskan Native Tribe: _____	
Student Cell (gr 7-12 only)					

**SUPPORT SERVICES**

**Does your child require or has he/she ever received special help/services for any or the following (Check those that apply):**

- Specific Learning Disability (SLD)  
  Other Health Impairment (OHI)  
  Orthopedic Impairment (OI)  
  Mental Retardation  
  Emotional Disability  
 Traumatic Brain Injury  
  Visual Impairment (VI)  
  Hearing Impairment (HI)  
  Multiple Disabilities  
  Speech/Language Impairment  
  Autism  
 Physical handicap  
  Preschool Delays  
  Gifted  
  Other (specify): \_\_\_\_\_

**PARENT/GUARDIAN EMPLOYMENT STATUS/INFORMATION:**

Provide complete employment information for the parents/guardians with whom the student resides.

FATHER    MOTHER    OTHER: \_\_\_\_\_

Parent/Guardian's Last Name	First Name and M.I.	Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Disabled <input type="checkbox"/> Retired <input type="checkbox"/> Active Duty Uniformed Services: Branch of Service: _____ Rank: _____	Work/Daytime Phone Number/Ext.
Business Name of Employer		E-mail	Cell Phone Number

FATHER    MOTHER    OTHER: \_\_\_\_\_

Parent/Guardian's Last Name	First Name and M.I.	Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Disabled <input type="checkbox"/> Retired <input type="checkbox"/> Active Duty Uniformed Services: Branch of Service: _____ Rank: _____	Work/Daytime Phone Number/Ext.
Business Name of Employer		E-mail	Cell Phone Number

FATHER    MOTHER    OTHER: \_\_\_\_\_

Parent/Guardian's Last Name	First Name and M.I.	Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Disabled <input type="checkbox"/> Retired <input type="checkbox"/> Active Duty Uniformed Services: Branch of Service: _____ Rank: _____	Work/Daytime Phone Number/Ext.
Business Name of Employer		E-mail	Cell Phone Number

**For Native American Students Only**

Tribal Name (e.g. Navajo, Hopi, Apache, etc.)	CIB # / Blood Quantum	Certificate on File: <input type="checkbox"/> Yes <input type="checkbox"/> No	506 Form on file: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of 506:
Chapter House/Village/Pueblo Affiliation:		Physical Address of Home on Indian Lands (if not listed above):		

The information requested on this form may be provided to the U.S. Department of Education if the school district's Impact Aid application for payment is audited. This form must be signed and dated for your school district to receive funds based on this information.

→ Signature of Parent/Guardian: \_\_\_\_\_ → Date: \_\_\_\_\_ WPS 601 (9-14)

# Winslow USD#1 - Student Registration Form

B

**STUDENT INFORMATION (Please Print)**

Student's Last Name	First Name	Middle Name	Grade
Name and Address of Last School Attended		Number of years at this school	Number of years in Winslow Schools

**ENROLLMENT ELIGIBILITY STATUS AT LAST SCHOOL ATTENDED**

Is student on long-term suspension from last school attended?  Yes  No  
 If yes, date of long-term suspension: \_\_\_\_\_ Length of suspension: \_\_\_\_\_  
 Was student expelled from last school attended?  Yes  No  
 If yes, date of expulsion: \_\_\_\_\_

**WHO IS NOT ALLOWED TO SEE OR PICK UP THIS STUDENT?**

A court order must be on file at the school office if one/both of the child's parent(s)/guardian(s) are listed below.

Name(s)	Date of Court Order	Relationship to child
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**STUDENT RELEASE INFORMATION**

Who, besides parent/guardian, is allowed to pick up student? I UNDERSTAND THAT ONLY THE PEOPLE LISTED BELOW WILL BE AUTHORIZED TO SIGN MY CHILD OUT. The school will require proper identification of the persons listed below and they must be 18 years of age or over.

Name	Phone #	Relationship to Student
Name	Phone #	Relationship to Student
Name	Phone #	Relationship to Student
Name	Phone #	Relationship to Student

**HOME LANGUAGE:**

What is the primary language used in the home regardless of the language spoken by the student? \_\_\_\_\_  
 What is the language most often spoken by the student? \_\_\_\_\_  
 What is the language that the student first acquired? \_\_\_\_\_

**DIRECTORY INFORMATION:** Please check  the desired response below:

Permission to publish your child's information (student work; photos of student for projects in class; child's picture and name in the paper or radio)  Yes  No

**STUDENT TRANSPORTATION INFORMATION:** Place check  on the desired response line below:

Bus Rider  Yes  No  
 Walker  Yes  No  
 Parent/Guardian Transports  Yes  No  
 Other: (Specify) \_\_\_\_\_

**PLEASE LIST ALL CHILDREN LIVING IN THE HOME WHO ARE 18 YEARS OR YOUNGER BY NAME AND AGE:**

Name	Age	Name	Age
Name	Age	Name	Age
Name	Age	Name	Age

→ Signature of Parent/Guardian: \_\_\_\_\_ → Date \_\_\_\_\_ WPS 602 (3-15)

**HEALTH INFORMATION**  
TO BE COMPLETED BY PARENT OR GUARDIAN EACH SCHOOL YEAR

Student's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_  
 My child has a medical condition that may affect his or her school day € NO € YES

**€\* ALLERGIES \*\*\* Additional form required \*\*\***

€ Food List food(s) \_\_\_\_\_  
 € Medication List medicine(s) \_\_\_\_\_  
 € Bee sting \_\_\_\_\_ € Other \_\_\_\_\_

**Reactions**  
 € Coughing € Hives € Rash € Difficulty breathing € Local swelling € Wheezing  
 € Generalized swelling € Nausea € Other \_\_\_\_\_

**Currently prescribe treatments to be used IN SCHOOL**  
 € Oral antihistamine (Benadryl, etc.) € EpiPen € Other \_\_\_\_\_

**€\* ASTHMA**

Triggers € Exercise € Environmental € Other (list) \_\_\_\_\_  
 Physical Education restrictions € None € Self limits € Other \_\_\_\_\_

**Symptoms or reactions**  
 € Chest tightness, discomfort, or pain € Difficulty breathing € Throat itch, tightness, or soreness  
 € Coughing € Hoarseness € Wheezing € Other \_\_\_\_\_

**Currently prescribe treatments to be used IN SCHOOL**  
 € Inhalers € Oral antihistamines € Oral steroids  
 € Nebulizer € Oral Bronchodilator € Peak flow monitoring  
 Date of last hospitalization related to asthma \_\_\_\_\_

**€DIABETES**

**Currently prescribe treatments to be used IN SCHOOL**  
 € Insulin € Syringe € Pen € Pump € Blood sugar testing € Glucagon € Oral medication(s) List medication(s) \_\_\_\_\_  
 Is special scheduling of lunch or Physical Education required? € NO € YES

**€\* SEIZURE DISORDER**

Type of seizure: € Absence (staring, unresponsive) € Complex partial € Generalized tonic-clonic (grand mal, convulsive) € Other (explain) \_\_\_\_\_  
 Physical Education restrictions: € NO € YES \_\_\_\_\_  
**Medications needed IN SCHOOL** € NO € YES List medication(s) \_\_\_\_\_  
 Date of last seizure \_\_\_\_\_ Length of seizure \_\_\_\_\_

**€OTHER HEALTH CONDITIONS**

€ Cancer € Heart condition (be specific) \_\_\_\_\_  
 € Hemophilia € Physical disability (be specific) \_\_\_\_\_  
 € Respiratory (be specific) \_\_\_\_\_  
 € Other medical conditions including: Concussions, Chicken pox, Arthritis, Eczema, Fainting, Hepatitis, MRSA, Hyperactivity, Kidney trouble, Mental/emotional concerns, ADHD, ADD, Migraines, Scoliosis, TB, Whooping cough) \_\_\_\_\_  
 Physical Education restrictions € NO € YES \_\_\_\_\_  
**Medications needed IN SCHOOL** € NO € YES List medication(s) \_\_\_\_\_  
 Special procedures (e.g. catheterization, cardiac monitor, etc) required IN SCHOOL € NO € YES (explain) \_\_\_\_\_  
 Medication taken at home € NO € YES List medication(s) \_\_\_\_\_

**€ VISION CONDITIONS** € HEARING CONDITION

€ Contacts € glasses € Other \_\_\_\_\_ € Hearing aid(s) € Known hearing loss Year \_\_\_\_\_

Parent/guardian is responsible for providing the school with any medications, special food, or equipment that the student requires during the school year. Also, parents/guardian is responsible for providing the district with medical information, authorization forms, and written consent if it is necessary for the school nurse to exchange information with the student's physician.

**Please return this completed form along with the verifiable documentation to your child's school.**

The Arizona Department of Education requires school districts to obtain verifiable documentation of Arizona residency upon enrollment in an Arizona public school. In order to meet legal requirements and complete the enrollment process, this **new form must be completed by a parent/guardian** of all enrolled students in Winslow Unified Schools.

A list of verifiable documentation is on this form. A **copy of one (1) of said documents** is required for verification.

Note: If you are living with someone and unable to provide proof of residency in your name, an *Affidavit of Shared Residence* must be completed ***instead***. This form is available in the school office.

**Failure to complete one of the above mentioned forms  
will result in a delay of enrollment for your student.**

**Arizona Department of Education  
Arizona Residency Documentation Form**

Student \_\_\_\_\_ School \_\_\_\_\_

School District or Charter Holder \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_

As the Parent/Legal Guardian of the Student, I attest that I am a resident of the State of Arizona and submit in support of the attestation a copy of the following document that displays my name and residential address or physical description of the property where the student resides:

- \_\_\_ Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- \_\_\_ Valid U.S. passport
- \_\_\_ Real estate deed or mortgage documents
- \_\_\_ Property tax bill
- \_\_\_ Residential lease or rental agreement
- \_\_\_ Water, electric, gas, cable, or phone bill
- \_\_\_ Bank or credit card statement
- \_\_\_ W-2 wage statement
- \_\_\_ Payroll stub
- \_\_\_ Certificate of tribal enrollment or other identification issued by a recognized Indian tribe that contains an Arizona address.
- \_\_\_ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)

\_\_\_ I am currently unable to provide any of the foregoing documents. Therefore, I have provided an original affidavit signed and notarized by an Arizona resident who attests that I have established residence in Arizona with the person signing the affidavit.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date



State of Arizona  
Department of Education  
Office of English Language Acquisition Services

**Primary Home Language Other Than English (PHLOTE)  
Home Language Survey**  
(Effective April 4, 2011)

These questions are in compliance with Arizona Administrative Code, R7-2-306(B)(1), (2)(a-c).

Responses to these statements will be used to determine whether the student will be assessed for English Language Proficiency.

1. What is the primary language used in the home regardless of the language spoken by the student? \_\_\_\_\_
2. What is the language most often spoken by the student? \_\_\_\_\_
3. What is the language that the student first acquired? \_\_\_\_\_

Student Name \_\_\_\_\_ Student ID \_\_\_\_\_

Date of Birth \_\_\_\_\_ SAIS ID \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

District or Charter \_\_\_\_\_

School \_\_\_\_\_

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Please provide a copy of the Home Language Survey to the ELL Coordinator/Main Contact on site.

In SAIS, please indicate the student's home or primary language.

WINSLOW UNIFIED SCHOOL DISTRICT #1

ACCEPTABLE USE POLICY

7/1/2014 – 6/30/2017

**USE OF TECHNOLOGY RESOURCES IN INSTRUCTION**

Before a student and/or employee may have access to the Winslow Unified School District's technology resources, the individual must have a signed and dated user agreement on file. Below are details of the user agreement. The user agreement of a student who is a minor must also have the signature of a parent or guardian who has read and will uphold this agreement. (IJNDB, IJNDB-R, IJNDB-E)

You have the opportunity to use the school's technology resources for your education. These resources will broaden your horizons, provide diverse opportunities, and prepare you for the world of today. You will be able to access the Internet with school resources. While the Internet has great promise for sharing ideas and knowledge, it also has the potential for misuse. The Winslow Unified School District #1 does filter the Internet in an effort to block material that is not appropriate for students. However, there are cautions to be taken. This Acceptable Use Policy (AUP) will outline some of those cautions, provide direction for the use of the resources, and you will affirm your commitment to comply with this AUP.

1. You agree to act responsibly and with good behavior on any computer or communications system using Winslow Unified School District #1 wired or wireless network services. The user agrees to follow all School and District rules for behavior and communications. **Access is a privilege - not a right.**
2. The primary purpose of the District network (including but not limited to the Internet, printers, laptops, etc.) is to allow users to conduct school business.
3. Printing - Do not waste school resources by printing excessively. Use of district printers will be limited to school-related activities. Each site will provide a limited amount of on-site printing to designated printers.
4. You agree not to tamper with or attempt to illegally access or "hack" any Winslow Unified School District #1 computer resources. Intentional damage or misuse of computers or computer networks will not be tolerated. Intentional creation or spreading of a computer virus will not be tolerated.
5. It is your responsibility to protect your privacy; keep your password to yourself. **Sharing a password, logging in for someone else, or using someone else's password, is strictly forbidden.** If you know of a security problem with your account or someone else's, inform the school administration immediately.
6. You agree to abide by the generally accepted rules of "netiquette" and conduct yourself in a responsible, ethical, and polite manner while using any Winslow Unified School District #1 technology resource.
7. The Winslow Unified School District #1 makes no warranties of any kind, whether expressed or implied, for the supervision and service it is providing. By signing below you agree that the Winslow Unified School District #1 assumes no responsibility or liability for any loss of data. YOU are ultimately responsible for backing up your files.

Use of any information obtained via the Internet is at your own risk. The Winslow Unified School District #1 specifically denies any responsibility for the accuracy or quality of information obtained through its services.

8. All technological devices brought onto a Winslow Unified School District #1 campus are subject to search and seizure.

9. Food and drink do not mix with electronic devices. Liquids, even water, will cause corrosion on the electrical parts inside. You are responsible for damage to district technological resources, whether the damage is a broken screen, a corroded electrical part, or a broken keyboard.
10. If a device is checked out to you, you are responsible for keeping your computer clean. A charge for cleanup of your computer may be assessed.
11. Do not load or execute non-approved programs from flash drives, CD's or other portable media onto a district-owned device without expressed permission of the school tech staff and the supervising staff member (teacher, librarian, etc.). Ask before you do so and every time you do so.
12. You are the person responsible for what happens to your assigned device. You are also responsible for any content on your device regardless of how it originated. (This includes tablet and laptop settings. Screen savers, pass codes, apps. Etc.)
13. Help us to help you by reporting any vandalism or misuse of any school resources to the proper school personnel. Taking apart or attempting to repair your computer is considered vandalism.
14. In addition to the items above, the following activities are not permitted:
  - Sending or displaying offensive messages or pictures
  - Using obscene language
  - Giving personal information, such as complete name, phone number, address or identifiable photo, without permission from teacher and parent or guardian
  - Harassing, insulting, cyber bullying, or attacking others
  - Damaging or modifying computers, computer systems or computer networks
  - Violating copyright laws
  - Using others' passwords
  - Trespassing in others' folders, work or files
  - Intentionally wasting resources
  - Employing the network for commercial purposes, financial gain, or fraud. Violations may result in a loss of access as well as other disciplinary or legal action, per student handbook and/or board policy.

## **Discipline**

The best discipline is self-discipline. Should the need arise for discipline beyond that regarding the use, or misuse, of your device, your school's administration will determine the appropriate action. The administration will follow the school's code of conduct and Winslow Unified School District #1 Board policies, but there may be additional consequences for misuse of technology with possible disciplinary outcomes that could include: suspension, reduced application permissions, loss of access, or contact with appropriate legal entities such as law enforcement for possible misdemeanor or felony charges. In the event there is an allegation of misuse or violation of the AUP, you will be provided with a written notice of the alleged violation and have an opportunity to present an explanation. These are your Due Process rights. Access to the Winslow Unified School District #1 network is a privilege, not a right.

## **Publishing schoolwork on district websites**

Parents, your child may have schoolwork that will be published on district websites. Such publishing requires that the Winslow Unified School District #1 have your permission to publish that work. By agreeing to this AUP, you agree to allow the Winslow Unified School District #1 to publish your child's schoolwork where appropriate on district-maintained websites.

## **Safety Issues**

The Internet has great promise for sharing ideas and knowledge, it is also has the potential for misuse. The Winslow Unified School District #1 does filter the Internet in an effort to block material that is not appropriate for students. The Winslow Unified School District #1 does not provide home Internet service; this service must be purchased from an Internet service provider. Remember, even the best filter available will not stop someone who is intent on visiting inappropriate sites. Parents accept full responsibility for supervising their child's use when not in a school setting.

## **Some Do's and Don'ts:**

1. ***Remember that a district-provided device is not yours personally.*** It belongs to the school district. Keep nothing on it that is so private that you wouldn't share it with a teacher, the principal, the tech department, or your parents. Assume that your device can keep no secrets, because it can't. Any device will be treated like a backpack-it can be searched. Files stored on your device will not be private. You also agree to allow authorized Winslow Unified School District #1 personnel the ability to review any and all files, data, messages, and email at any time with or without notice. You understand and agree that your own personal electronic hardware (such as a different laptop computer) used on district property falls under this AUP. You also understand and agree that you assume all risks and responsibilities when using your own personal computer equipment and that you will not connect any network-capable devices without prior written permission of the District Technology Coordinator. This connection privilege can be revoked without reason or notice.
2. Do not reveal identifying information about yourself or others through email or the Internet. That information includes name, age, address, phone number, photographs, or parents' names. Check with your teacher if something requires this information. It is better to be safe and guard your information. Identity theft is a growing problem.
3. Don't attempt to override the Internet filtering software or other network configurations. You also agree not to disrupt your school's computer systems and network, or log in as an administrator for the purpose of bypassing or changing restrictions or settings. Attempting to override the filter, use or access proxies, or access the internal portion of the device will result in disciplinary action, which can include the possibility of felony charges.
4. Don't access, send, create, or forward any materials, communications, files, or images that are defamatory, obscene, pornographic, harassing, threatening, or illegal. If you receive any of those items, report it to a school administrator. This includes creating a website or webpage (this includes blogs or sites such as MySpace.com), or adding to an existing website or webpage in order to "bully", intimidate, denigrate, or harass another student or staff member even if you did not use district resources to create, modify, or access the site as this will be considered an interruption of the educational process at school.
5. Don't use your device to gain access to the school's or other computer systems for any illegal activities, or go beyond their authorized access. This includes trying to login as another user or use another's account. This behavior is related to trespassing and will be treated as such.
6. Don't use your device or the network for commercial, political, or other private purposes. Your device is for your schoolwork.



## **Email**

Students will be provided a District sponsored Gmail account. It is very important that you keep your password secret! Someone else logging into your email and sending inappropriate messages will get you into trouble. You will be expected to use your school email for communicating with teachers and other staff.

### **Email Etiquette:**

1. Keep your communications school-appropriate.
2. Don't engage in personal attacks or harassment.
3. Use clear, concise, and appropriate language. Think about what you have to say and how you say it. Email doesn't show sarcasm or wit as well as you might think.
4. Respect privacy (yours and everyone else's). Do not re-post a message without the permission of the person who sent it. Don't share personal information.
5. Your district email can be monitored and reviewed. Please use email appropriately.

### **Copyright Infringement and Plagiarism**

You must respect the rights of copyright owners. Copyright infringement happens when you inappropriately copy someone else's work that is protected by copyright. If you are unsure if something can be legally copied or not, request permission to copy from the copyright holder. You and/or your parents are responsible for any copyright penalties that you commit while using your device. You agree to abide by all patent, trademark, trade name, and copyright laws. Plagiarism is when you take someone else's work and present it as if it were your own. Plagiarism is not acceptable and is not tolerated. All sources must be cited.

### **Miscellaneous**

Files lost are not the responsibility of the school. If you can't bear to lose a file, then you should back it up yourself. Flash drives are an easy way to do this and are widely available.

The Winslow Unified School District #1 is not responsible for replacing lost files or reimbursing for the time and money necessary to replace those files, whether they are purchased music or important final exams.

Should the need arise; the Acceptable Use Policy may be modified by the Winslow Unified School District #1, preferably with notice.

WINSLOW UNIFIED SCHOOL DISTRICT #1  
ACCEPTABLE USE POLICY  
7/1/2014 – 6/30/2017

Before a student and/or employee may have access to the Winslow Unified School District's technology resources, the individual must have a signed and dated user agreement on file. The details of this agreement are outlined in the student/parent hand books and on the District website.

I understand and will abide by the provisions and conditions indicated. I understand that any violation of the Winslow Unified School District #1 Acceptable Use Policy may result in disciplinary action and the revocation of my use of the Electronic Information Services (EIS).

Name (printed) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(student or employee)

School:  Bonnie Brennan  Jefferson  Washington  Junior High School  High School  District

**If a student:** Grade \_\_\_\_\_ Teacher \_\_\_\_\_ Class \_\_\_\_\_ Period \_\_\_\_\_

*Note: this agreement applies to both students and employees*

The user agreement of a student **who is a minor** must also have the signature of a parent or guardian who has read and will uphold this agreement.

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**Parent or Guardian Cosigner**

As the parent or guardian of the above named student, I have read this agreement and understand it. I understand that it is impossible for the School District to restrict access to all controversial materials and I will not hold the District responsible for materials acquired by the use of the EIS. I also agree to report any misuse of the EIS to a School District administrator. (Misuse may come in many forms, but can be viewed as any messages sent or received that indicate or suggest pornography, unethical or illegal solicitation, racism, sexism, inappropriate language, or other issues described in the agreement.)

I accept full responsibility for supervision if, and when, my child's use of the EIS is not in a school setting. I hereby give my permission to have my child use the Electric Information Services.

Parent or Guardian Name (printed) \_\_\_\_\_

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

Reference: WUSD School Board Policies IJNDB, IJNDB-R, IJNDB-E  
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**For IT Department Use Only**

Assigned User Name \_\_\_\_\_ PW \_\_\_\_\_

Needs E-mail?  Yes  No

Account created on \_\_\_\_\_ Phone Ext. # \_\_\_\_\_ WPS 551 (7-14)

**WINSLOW UNIFIED SCHOOL DISTRICT NO. 1  
OPEN ENROLLMENT**

ATTENDANCE APPLICATION

**File this application at the School District office**

Student's name \_\_\_\_\_  
Last First M.I.

Grade for next school year \_\_\_\_\_ Birth date \_\_\_\_\_ Home phone \_\_\_\_\_

Parent's name \_\_\_\_\_  
Last First M.I.

Work phone \_\_\_\_\_ Message phone \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Address City State Zip

Physical address \_\_\_\_\_  
Street City

E-mail address \_\_\_\_\_

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

**Present school of attendance**

School \_\_\_\_\_ District \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_

**Request assignment to** \_\_\_\_\_ **School**

If 9<sup>th</sup> – 11<sup>th</sup> grader, how many credits has student earned? \_\_\_\_\_

Is the above-named student:

- Yes  No Expelled or long-term suspended from any school or school district?
- Yes  No Currently subject to expulsion or long-term suspension from a school or school district?
- Yes  No  N/A In compliance with conditions imposed by a juvenile court?
- Yes  No  N/A In compliance with a condition of disciplinary action in any school or school district?
- Yes  No Receiving, or being considered for any special services (ie., English language learner, special education services, 504 plan, gifted)?

**(CONTINUE APPLICATION ON REVERSE SIDE)**

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

1. An attendance application must be completed and submitted on or before May 15.
2. If the applicant has an Individualized Education Plan (IEP) or a Section 504 Plan, it must be provided to the District within five (5) working days of the date of the application. Failure to do so will result in a determination that the application is incomplete.
3. Enrollment is subject to the capacity limit established for the school and/or its grade levels.
4. On or before July 15, the parent or legal guardian will be notified in writing whether the application has been accepted, rejected, or placed on a waiting list.
5. Transportation for the student may be the responsibility of the parent or legal guardian, except as provided by the student's Individualized Education Plan (IEP) or Section 504 Plan.
6. Providing false information on this form will result in the application being denied or admission being revoked. The parent/guardian signing this application affirms that the student seeking enrollment will abide by the rules and regulations that govern students at the school where the student seeks enrollment.

*Failure to comply with school and District rules could lead to revocation of open enrollment status.*

\_\_\_\_\_  
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 waiting list

Rejected

Reason for rejection \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Superintendent (prior to the beginning of school)

\_\_\_\_\_  
Date

Copies to applicant and school by: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Principal (after beginning of school)

\_\_\_\_\_  
Date

Copies to applicant and Superintendent's office by: \_\_\_\_\_

\_\_\_\_\_  
Date