Open Enrollment Bouse Elementary School

Attendance Application

Student's Name	e:			
	Last	First		
Current Grade_			Birthday	
Parent's Name				
	Las	t	First	
Address				
/ taai 666	Street		Zip Code	
Phone #		Work #_		
Email				
The above nan	ned student:	resides outside t	the School District or	
		resides within th	e school District	
Present School	ol of Attendance			
School		District		
City		_		
Request assig	nment to			school.
Is the above na	amed student:			
YES NO	Expelled or long t	erm suspended fr	om any school or scho	ol district?
YES NO	Currently subject district?	to expulsion or lo	ng term suspension fro	m a school or school
YES NO	In compliance wit	h conditions impo	sed by a juvenile court	?
YESNC	In compliance wit district?	h a condition of di	sciplinary action in any	school or school

Bouse Elementary School District #26

Note: The following conditions apply to the open-enrollment program.				
. An attendance application must be completed and submitted on or before March 15th.				
2. Enrollment is subject to the capacity limit established for the school and/or its grade levels.				
. On or before April 15th, the parent or legal guardian will be notified in writing whether the application has been accepted, rejected or placed on a waiting list.				
4. Transportation for the student on this form may be 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 signatory affirms that the student will abide by the rules, standard, and policies of the school and the District if enrolled.				
Signature of Parent or Legal Guardian Date				
For District use only ◆ Do not write below this line				
Student # Filing Date				
Accepted Placed on waiting list				
Superintendent: Date:				
Rejected: Reason of Rejection				
Copies sent by school to applicant and Superintendent's office. Date:				