

EXHIBIT

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OPEN ENROLLMENT ATTENDANCE APPLICATION

File this application at the School District's Welcome Center

Requesting for School Year: _____ Grade Level: _____

Student's name: _____ Last First M.I. DOB: _____

Parent's Name: _____ Last First M.I. Relation: _____

Home address: _____ Street City Zip

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

The above-named student: [] Resides outside Tolleson Elem. Sch. District Home School: _____ [] Resides within Tolleson Elem. Sch. District Home School: _____

Current school of attendance:

School: _____ District: _____ City/State: _____

Check Requested School: [] AZ Desert [] Desert Oasis [] P.H. Gonzales [] Sheely Farms

Does the student have a sibling(s) attending this school? [] Yes [] No if yes, please list name(s)/grade(s): _____

Reason for Request: _____

Does the student have an IEP & receive special education services? [] Yes [] No

Has the student previously attended a TESD school? [] Yes [] No if yes, what school & year? _____

Is the above-named student:

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

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 [] N/A

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. Enrollment is subject to the capacity limit established for the school and/or its grade levels.
3. On or before July 15, the parent or legal guardian will be notified whether the application has been accepted, rejected, or placed on a waiting list.
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.

By signing or typing in my name below, I hereby certify that I am the child's parent or legal guardian and that the information I have given above is true and accurate. This signatory provided affirms that the student will abide by the rules, standards, and policies of the school and the District if enrolled.

Signature of Parent or Legal Guardian

Date

Notes:

FOR DISTRICT USE ONLY DO NOT WRITE BELOW THIS LINE

Student Id _____ Renewal of last year variance: Yes No

WC Received/ Sent to District: _____
Date / Initials

Accepted Placed on waiting list

Declined – Reason _____

Superintendent: _____
Signature *Date*

If SpEd is yes,
SpEd Administrator: _____
Signature *Date*

Date Received Back to WC from District: _____

Applicant Called – Date: _____ By: _____ Response: _____