EXHIBIT	EXHIBIT

OPEN ENROLLMENT
ATTENDANCE APPLICATION
File this application at the School District's Welcome Center

Requesting for School Year: _____ Grade Level: _____

Student's name: _____ DOB: _____

Last   First   M.I.

Parent's Name: _____ Relation: _____

Last   First   M.I.

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.

The signatory 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:

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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:_____