

Open Enrollment/Transfer Application Form

Please complete the information requested below and return to the school where you are requesting open enrollment/transfer for your child(ren). You will be informed whether your child(ren)'s application has been accepted, if your child(ren) has (have) been placed on a waiting list pending available capacity, or if the application has been rejected. Applications will be considered in accordance with the District's admission standards and open enrollment priorities.

Section A			
Name of Student:	Student ID#:		
Grade: Age:	Date of Birth:		
Sibling(s) seeking Open Enrollment			
Name:	Grade:	Birthdate:	ID#
Name:	Grade:	Birthdate:	ID#
My relationship to the student(s) seeking open enrollment is:	Parent	Person with legal cus	stody
Other (Explain)			
Proof of legal custody is required at the time	of school enrollm	nent, if accepted.	
Residential address of parent / person with legal custody:			
person with legal custody: (Please	provide complete h	ome address, including zip o	code)
which is located within the			attendance area
Former Address:			
Last School Attended:		Last Date of Atten	dance:
Section B Rationale: In accordance with the policy of the Washington permitted to attendSc			that my child(ren) be
Quality of school/school programs, IEP, or No Child Left B	ehind Act		
Personal needs, check all that apply:			
Near child care provider Near work Availabilit	y of day care pro	ogram	
Problem at home school Other:			
I understand that no transportation will be provided. Transport	ortation is the re	esponsibility of the paren	nt/guardian.
Are any of your children currently on an expulsion contract or lon suspension: No Yes (If yes, in addition to contract or lon suspension: admission in writing a Are any of your children in compliance with conditions imposed by	ompleting this for to the Superinten	rm, you must submit a red	<u> </u>

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