

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: 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:

Choose 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.
2. Enrollment is subject to the capacity limit established for the school and/or its grade levels.
3. The parent or legal guardian will be notified whether the application has been accepted, rejected, or placed on a waiting list; this can take up to 3-5 business days.
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

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: _____