

Student Name: _____ Date of Birth: _____ Age: _____

For what school Year are you applying? _____ What grade will this student be in? _____

Address: _____ City/State/Zip: _____

Are you currently residing at the above address? _____ If not, when will you be moving: _____

Parent or Guardian Name: _____

Phone #: _____ Email: _____

School District of Residence: _____

School Presently Attending: _____

List All Specific High School Courses Requested: _____

Is student enrolled in or been evaluated for any special education programs? _____

If yes, explain: _____

Was student been suspended for 10 or more days or expelled during this or previous semester? _____

If yes, explain: _____

- *Falsification of any of the above information may result in the voiding of this application/agreement.*
- *Submission of application does not ensure enrollment.*

Parent/Guardian Signature: _____ Date: _____

(For Office Use Only)

Date Received: _____ Approved: Yes No If yes, Effective Date: _____

If Not Approved; Reason: _____

Superintendent's Signature: _____ Date: _____

Siblings: _____ Letter sent: _____