

GLENDALE ELEMENTARY SCHOOL DISTRICT

Open Enrollment Application for 2020-2021 School Year

Please complete the application and submit it to your Requested School

Date _____

Received _____

Student's Legal Name _____

Birthdate _____

Date _____

In Grade _____ for the 2020-2021 school year

Student ID # _____

Parent / Legal Guardian's Name _____

Home Phone _____

Home Address _____

City, State, and Zip Code _____

Work Phone _____

Message/cell phone _____

PLEASE COMPLETE:

Does the student have siblings on Open Enrollment? Yes No Name of the student(s) _____ At what school? _____

Is this a student of a current GESD employee? Yes No Name of employee and location of work _____

Does the student live outside of the Glendale Elementary School District? Yes No

Does the student have a current IEP? Yes No If yes what special education eligibility? _____

Does the student have a current 504 plan? Yes No Is the student enrolled in an ELL program? Yes No

Requested school 1st Choice _____

2nd Choice _____

Briefly state your reason for applying to this school:

CURRENT SCHOOL OF ATTENDANCE IN 2019-2020 SCHOOL YEAR

School _____

District _____

City _____

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

In compliance with a condition of disciplinary action in any school or school district? Yes No

Note: The following conditions apply to the open-enrollment program:

1. An Open Enrollment application must be completed and submitted on/or before April 30, 2020.
2. Enrollment is subject to the capacity limit established for the school and/or its grade levels.
3. On/or before June 19, the parent or legal guardian will be notified in writing whether the application has been accepted or denied.
4. No district transportation will be provided.
5. Providing false information on this form may result in the application being denied or admission being revoked.
6. If application is accepted, parents must confirm registration or continued enrollment with the school office by the start of school.

I affirm that my child will abide by the rules, standards, and policies of the school and the District if enrolled.

Signature of Parent or Legal Guardian

Date

For Student Services Use Only

Date of request _____

Application (please circle one) Accepted Not Accepted Waiting List

Reason for not accepted: _____

Date letter sent to parent: _____