## **REQUEST FOR ENROLLMENT IN OUT-OF-ATTENDANCE AREA**

Parents/guardians who wish to enroll their child(ren) in a school that is out-side of the attendance area in which they live is required to complete this form. Please note that Board Policy 318 guides the out-of-attendance area school enrollment with primary focus on ensuring adequate enrollment capacity for all schools to guard from overcrowding, safety and maintaining a healthy and positive school climate. The Department of Education makes accommodations for students in out of attendance area based on five main criteria.

## Part I: Student Information (please print clearly):

Child's	Name:			Grade:
	(LAST)	(FIRST)	(M.I)	
Physica	l Address:			
School	of the Attendance Area:			
Check d	one:Returning Stu	dent New Student		
I hereb	y request for the principal t	o authorize my child, to enroll in _		
	School, f	or SY		
l am re	questing for my child(ren)	to enroll as out-of-attendance are	ea status using the follo	wing reason:
1.		on and expected on-going enrollm ncluding but not limited to: GCC pi		
2.	Parent is an employee at		-	
3.	Principal's discretion.			
4.	To ensure compliance to	he child(ren's) IEP or EAP.		
5.	Student's being transient	or homeless.		
In the s	pace below, please provide	additional information related to	the reason you are req	uesting for enrollment in an

out-of-attendance area school:

## Part II: Conditions for Acceptance and Continued Enrollment:

The items below are conditions that the parent/guardian and student(s) must adhere to as an out-of-attendance area enrollment status. Parent/Guardian must initial each item below to verify they have read, understand, and agree to the following items. The principal may revoke the out of district authorization upon non-compliance of these expectations.

- 1. \_\_\_\_\_ I will provide transportation for my child to and from the school. The school will not assume any responsibility for transporting my child.
- 2. \_\_\_\_\_ Academic standing: Student must pass all classes.
- 3. \_\_\_\_\_ Attendance: Student must maintain no less than a 90% attendance rate; to include excused and unexcused absences.
- 4. \_\_\_\_\_ Student conduct: Student must not receive any level 2 or 3 offenses pursuant to the Office Discipline Referral (ODR) guidelines.
- 5. \_\_\_\_\_ Parent/legal guardian must attend all Parent-Teacher Conferences (PTC) for first and third quarter and any other meeting called by a teacher or School Administrator.
- 6. \_\_\_\_\_ Parent/legal guardian must attend all monthly parent organization meetings.
- 7. \_\_\_\_\_ Parent/legal guardian must participate in a school function at least once per quarter, e.g., chaperone dances, school clean up, school presentation, etc.
- 8. \_\_\_\_\_ A request for out-of-attendance area enrollment must be made each year.
- 9. \_\_\_\_\_ Withdrawals: Violation of conditions for acceptance are grounds for withdrawal that will be effective at the ending of the current quarter. Students may not be withdrawn from a school as a result of reaching capacity, based on its in-district needs, until the end of the school year. Appeal of the withdrawal may be made to the Superintendent.

## Part III: Assurances

I certify that I have read and agree to the above conditions, and I will support the decisions of the (*name of school*) administrative team throughout the school year that my child is enrolled as an out-of-district student. Additionally, I will ensure that my child and I will comply with all school rules and policies as it applies to my child's educational experience here at (*name of school*).

Parent/Legal Guardian's Name (print)	Signature	Date
Parent/Legal Guardian's Daytime Phone Number: _		
Contact Email Address:		
Received by school personnel: Date: Time:		
Part IV: Administrative Decision (To be complet		
Approved for School Year:		
Disapproved and reason:		
Principal	Date	