ORACLE SCHOOL DISTRICT
APPLICATION FOR OPEN ENROLLMENT

PLEASE CHECK ONE: ☐ New Student ☐ Continuing Student

Student is applying to attend grade: _____ for School Year **2026-2027** at _____ School.

Student Name: _____

Home Address: _____

Mailing Address (if different): _____

District of Residence: _____ Current School Attending: _____

Are student's siblings also applying for admission to the Oracle School District? ☐ Yes ☐ No

If yes, list student names (separate application forms must be completed for each child):

_____ _____
_____ _____
_____ _____

Father/Guardian Name: _____
Address: _____ Zip Code: _____
Home Phone: _____ Work Phone: _____

Mother/Guardian Name: _____
Address: _____ Zip Code: _____
Home Phone: _____ Work Phone: _____

Is the student under an expulsion or suspension from another school district? ☐ Yes ☐ No
Is the student in compliance with conditions imposed by a juvenile court? ☐ Yes ☐ No
Is the student enrolled in Special Education? ☐ Yes ☐ No

Note: The following conditions apply to the Open Enrollment Program:

- Enrollment is subject to the capacity limit established for the school and/or its grade levels.
- Transportation for the student may be the responsibility of the parent or legal guardian.
- Providing false information on this form may result in the application being denied or admission being revoked.

Signature of Parent/Guardian: _____ Date: _____

OFFICE USE ONLY

☐ Approved
☐ Conditional - ☐ Grades ☐ Attendance ☐ Discipline
☐ Denied - ☐ Space ☐ Grades ☐ Attendance ☐ Discipline

Date approved or denied: _____ Signature of Principal: _____

Revised January 2018