

THATCHER UNIFIED SCHOOL DISTRICT NO. 4

Open Enrollment Application

Must be approved prior to enrollment

Please read and complete this entire application (one per student) to avoid delay in consideration

Currently enrolled students are required to re-apply for continued enrollment by March 15th for the following year. Applications received after March 15th are not guaranteed enrollment and will be placed on a waiting list for consideration

School year for which application is being submitted 20__ - 20__ Request Assignment to Grade __

Students Name _____ MALE /FEMALE
Last First Middle (circle one)

Current Grade ____ Birthdate ____/____/____ Parent Email _____

Student's Siblings (List only those siblings who are submitting applications to attend TUSD next year):

*Indicate the grade for the school year in which the student is seeking open enrollment. Additional siblings use back of paper

Sibling's name _____ *Grade ____ Date of Birth _____
Last First M.I.

Sibling's name _____ *Grade ____ Date of Birth _____
Last First M.I.

Father _____ Mother _____
Last First M.I. Last First M.I.

Student resides with _____ Relationship to Student _____
Last First

Home address _____
Street City Zip

Mailing address: (if different from above) _____

Home Phone _____ Work Phone _____ Alternate/Cell _____

Has the applicant in the past or is the applicant currently participating in any special programs? Please indicate below:

- English Language Learner Special Education (IEP or 504) Gifted Other

School currently enrolled in or most recently attended _____ District _____

Reason for seeking open enrollment _____

AGREEMENT

I, the undersigned, agree to adhere to and acknowledge the following conditions:

- My child is not under or subject to expulsion or long-term suspension from any school or other district.
My child is not under any disciplinary action of any nature in another school or district.
My child is not under any conditions imposed by a juvenile court.
Application must be submitted/re-submitted each year.
Acceptance is determined annually dependent upon classroom and program space availability at each grade level, as determined by the Superintendent.
Continued attendance year-to-year is not implied nor guaranteed.
I will maintain current and accurate home, work and emergency address and phone information.
I am responsible for the transportation of my child to and from school.
I understand my child will not be supervised before or after school with exception of extra-curricular activities in which my child participates.
My child may be withdrawn due to excessive tardiness and/or absences.
My child may be withdrawn due to unsatisfactory behavior and/or unsatisfactory academic effort.
I affirm that I will abide by and support all the rules, standards and policies of the school and district, as provided and that any falsification of information on this application and agreement is grounds for immediate withdrawal.

Signature or Parent or Legal Guardian Printed Name Date

**If other than natural parent, please attach legal documentation for placement.

FOR DISTRICT USE ONLY - DO NOT WRITE BELOW THIS BOX

Current Student Sibling of Current Student New Student: Previous School Contacted

Approved Placed on Waiting List Denied: Reason

Notified via: telephone in person written *Update Master Form, Synergy & File at District*

Signature of School Official

Title

Date