

OPEN ENROLLMENT

Special Programs

Please identify any special programs your child has participated in or special help received from previous school personnel and any anticipated special school programs or services.

My child has participated in or it is anticipated will need to participate in the program(s) or services listed below:

- Gifted/Talented
- Special Education

Please check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Adaptive Physical Education | <input type="checkbox"/> Occupational Therapy |
| <input type="checkbox"/> Speech/Language Therapy | <input type="checkbox"/> Special Class (self-contain) |
| <input type="checkbox"/> Resource | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Special Education Preschool | <input type="checkbox"/> Hearing |
| <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Assistive Technology |
| <input type="checkbox"/> Transportation as “related service” | |

Section 504 (need current Accommodation Plan)

E.S.L. / Bilingual instruction for the purpose of acquiring English.

Other (explain) _____

The signatory affirms that the student will abide by the rules, standards, attendance requirements, and policies of the school and District if enrolled.

(Proof of Residence must be provided with application.)

Signature of Parent or Legal Guardian

Date

Providing false information on this form may result in the application being denied or admission revoked.

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FOR DISTRICT USE ONLY ♦ DO NOT WRITE BELOW THIS LINE

Student's full name _____

Student number _____ **Date stamp** _____
Filing Date

- Accepted
 - Placed on waiting list
 - Rejected – Reason for rejection _____
- _____

Principal _____ **Date** _____