

OPEN ENROLLMENT ATTENDANCE APPLICATION

File this Application at any Crane School Office.

Student's name _____
Last First M.I.

Current grade _____ Birth date _____

Parent's name _____
Last First M.I.

Home address _____
Street City Zip.

Home phone _____ Message _____ Cell _____

E-mail address _____

The above-named student: Resides outside the School District; or
 Resides within the School District

Present school of attendance:

School _____ City _____

Request assignment to _____

Is the above-named student:

Participating in or will the student need participation in any special school programs?
 (Resource, learning disabled, gifted, et cetera)

Yes No If yes, please complete the section titled "Special Programs"

Expelled or long-term suspended from any school or school district? Yes No

Out of school pending further disciplinary action such as expulsion or long-term suspension from
 any school or school district? Yes No

Is in compliance with conditions imposed by a juvenile court? Yes No N/A

Is in compliance with condition of disciplinary action in any school or school district?

Yes No N/A

Other siblings who attend or will be attending school:

Student's name _____
Last First Current grade School

Student's name _____
Last First Current grade School

Student's name _____
Last First Current grade School

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.

OPEN ENROLLMENT

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 _____