

# OPEN ENROLLMENT

## ATTENDANCE APPLICATION

**File this Application at any Crane School Office.**

Student's name \_\_\_\_\_  
Last First M.I.

Current grade \_\_\_\_\_ Birth date \_\_\_\_\_

*Parent/Guardian Information: Must be listed on Birth Certificate or Legal Custody Documentation*

Student Lives with:  Both Parents  Mother Only  Father Only  Guardian

Foster  Other, please specify: \_\_\_\_\_

For Joint Legal Decision-Making, please identify Primary Parent/Guardian:  Mother  Father

Mother's name \_\_\_\_\_  
Last First M.I.

Home address \_\_\_\_\_  
Street City Zip.

Home phone \_\_\_\_\_ Message \_\_\_\_\_ Cell \_\_\_\_\_

E-mail address \_\_\_\_\_

Father'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

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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

Student's name \_\_\_\_\_  
Last First Current grade

Student's name \_\_\_\_\_  
Last First Current grade

### 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:**

- Adaptive Physical Education
- Speech/Language Therapy
- Resource
- Special Education Preschool
- Physical Therapy
- Transportation as "related service"
- Occupational Therapy
- Special Class (self-contain)
- Vision
- Hearing
- Assistive Technology
- Section 504 (need current Accommodation Plan)
- E.S.L. / Bilingual instruction for the purpose of acquiring English.
- Other (explain) \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

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

**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 \_\_\_\_\_