

Home of the "Mustangs"
MAINE CONSOLIDATED SCHOOL #10
10 N Spring Valley Rd PO Box 50010 Parks, AZ. 86018
928-635-2115 Fax 928-635-5320

OPEN ENROLLMENT ATTENDANCE APPLICATION

File this application at the school district office

Student's name _____

Last First M.I.

Current Grade _____ Birthdate _____

Parent's name _____

Home phone _____ Cell phone _____

Work phone _____

Home Address _____

Street City Zip

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

Present school of attendance

School _____ District _____

City _____ County _____

Reason for seeking admission:

Participated or needs to participate in any of the following programs: ___ Gifted/Talented ___ ELL ___ Section 504 ___ Special Education (has an IEP) ___

Previous Program Placement: ___ Inclusion ___ Resource ___ Self-Contained ___

Is the above-named student:

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

Yes No Currently subject to expulsion or long-term suspension from a school or school district?

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

Yes No N/A In compliance with a condition of disciplinary action in any school or school district?

Note: The following conditions apply to the open-enrollment program:

1. Enrollment is subject to the capacity limit established for the school and/or its grade levels.
2. On or before August 1, the parent or legal guardian will be notified in writing whether the application has been accepted, rejected, or placed on waiting list.
3. Transportation for the student may be the responsibility of the parent or legal guardian.
4. Providing false information on this form may result in the application being denied or admission being revoked.

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

Signature of Parent or Legal Guardian

Date

FOR DISTRICT USE ONLY



DO NOT WRITE BELOW THIS LINE

Student ID number _____ Date Stamp _____ (filing date)

Accepted Placed on waiting list Rejected

Reason for rejection _____

Superintendent signature _____ Date _____

Copies sent by school to applicant and Superintendent's office. Date sent _____