

# 2008-2009 DCSD Open Enrollment Application

*A separate form for each student must be completed and returned to the school you are applying to by January 15, 2008*

Student: \_\_\_\_\_ Grade Level: \_\_\_\_\_  
Last Name First Name Middle Birthdate Current

Home Address: \_\_\_\_\_  
Street City Zip County

Mailing Address: \_\_\_\_\_  
If Different than Above

Parent/Guardian Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
 Evening Phone: \_\_\_\_\_

Current School: \_\_\_\_\_ Attendance Area School: \_\_\_\_\_  
If different than current school

School student would like to attend next year: \_\_\_\_\_

Please indicate reason for request:		Yes	No
▪ District boundary change?		<input type="checkbox"/>	<input type="checkbox"/>
▪ Resident of District changing levels within a feeder?		<input type="checkbox"/>	<input type="checkbox"/>
▪ Resident of District seeking open enrollment?		<input type="checkbox"/>	<input type="checkbox"/>
▪ Non-resident staff seeking open enrollment?		<input type="checkbox"/>	<input type="checkbox"/>
▪ Non-resident seeking open enrollment?		<input type="checkbox"/>	<input type="checkbox"/>
▪ Other? _____ Reason: _____			
Is an older sibling enrolled at the requested school?		<input type="checkbox"/>	<input type="checkbox"/>
		Name/Current Grade: _____	

**I understand and accept the following conditions if this open enrollment request is granted:**

- Approval to attend a school in an area other than that of the student's "current school" will, in effect, change the student's "school of record" to that of the school for which open enrollment is granted.
- My child may not return to his/her original school or any other Douglas County School without once again applying for open enrollment during the regular open enrollment window for the next school year.
- My approved OE Application will be valid for attendance at that school throughout the grades served by the school level. I must reapply for open enrollment to the next level. My approved open enrollment for one level (e.g. elementary or secondary) does not guarantee me an approved open enrollment at any other level.
- Approval of this request is based upon the space available in the receiving school. "If the number of eligible applicants exceeds the space available in a program or school a priority system shall be followed." (JCA/JFB) I agree to accept any track assignment.
- I am responsible for transporting my child to and from school. I also understand that this agreement does not guarantee my daughter and/or son will be issued an on-campus parking permit if s/he will be transporting her/himself to school.
- High School Only Note:** A student who transfers to a different high school without a bone fide family move over the summer will have restricted eligibility for the first 50% of the season in the upcoming school year in those sports (sponsored by the CHSAA) in which they participated during the calendar year preceding the transfer.

I understand and accept the conditions listed above.

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date

For school use only:

Date received: \_\_\_\_\_

Approved:  Date: \_\_\_\_\_

Denied:  Date: \_\_\_\_\_

\_\_\_\_\_  
 Principal's Signature