## FLOWING WELLS SCHOOL DISTRICT APPLICATION FOR OPEN ENROLLMENT OR INTER-DISTRICT TRANSER



Student is applying to attend grade:f	for School Yearat
SCHOOL:	
Student Name:	
Home Address:	Zip:
Mailing Address (if different):	
District of Residence:	
Current School Attending:	
Reason for applying for open enrollment status:	
Are student's siblings also applying for admission?	
	_Father/Guardian Name:
	Zip:
Home Phone:	Work Phone:
Is it anticipated that the student may need or request to participate in or be evaluated for special education or gifted education services or 504 disability accommodations? YES NO	
Within the past twenty-four (24) months, has the student at any time had an IEP or 504 plan or been evaluated to determine qualification to receive special education or gifted education services or disability accommodations? YES NO	
Is it anticipated that the student will need to be enrolled in an English Learner program?  YES NO	
Within the past twenty-four (24) months, has the student received (or withdrawn from school to avoid the possibility of receiving) a suspension, expulsion or other disciplinary action imposed by any school or school district? I YES I NO	
During the current or prior school year has the student's combined number of absences and truancies exceeded ten percent (10%) of the number of required attendance days for that year?  YES NO	
Within the past twenty-four (24) months, has the student been adjudicated a delinquent, been convicted of or pled guilty to a crime, or been subject to any conditions imposed by a juvenile court or other court? YES NO	
If any of the above questions are answered "YES", ple	ease provide details on a separate sheet.
Signature of Parent or Guardian	Date:
OFFIC	CE USE ONLY
Application is for: Open Enrollment Inter-Dis	strict Transfer
Approved         Conditional       Space       Grades       Attenda         Denied       Space       Grades       Attenda	
	Assistant Superintendent Date