

**FLOWING WELLS SCHOOL DISTRICT  
APPLICATION FOR OPEN ENROLLMENT**

PLEASE CHECK ONE:       New Student                       Continuing Student

Student is applying to attend grade: \_\_\_\_\_ for School Year **2017– 2018** at

SCHOOL: \_\_\_\_\_

Student Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

District of Residence: \_\_\_\_\_

Current School Attending: \_\_\_\_\_

Reason: \_\_\_\_\_

Are student's siblings also applying for admission?     YES     NO

If yes, list names (separate application forms must be completed for each child):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Is the student under an expulsion or suspension from another district?     YES     NO

Is the student enrolled in Special Education?     YES     NO

Signature of Parent or Guardian \_\_\_\_\_ Date: \_\_\_\_\_

.....  
*OFFICE USE ONLY*

Approved  
 Conditional ---  Grades     Attendance     Discipline  
 Denied ---  Space     Grades     Attendance     Discipline

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Assistant Superintendent