

PLEASANTON UNIFIED SCHOOL DISTRICT

OPEN ENROLLMENT APPLICATION FOR SCHOOL YEAR _____ Student ID Number _____

Student's Name _____ Male _____ Female _____

Date of Birth _____ Grade for Year of Request _____

Home Address _____ City/Zip _____

Parent/Guardian Name (s) _____

Home Phone _____ Work Phone _____ Cell Phone _____

School of Residence _____

Current School of Attendance _____

School Requested _____

(Sibling(s) attending school requested YES NO If **YES**, grade of sibling(s) for following school year _____)

Reason for Request _____

Is student receiving Special Education Services? YES NO If **YES**, check program below:

- Special Day Class (SDC)
- Resource Specialist Program (RSP)
- Speech / Language
- Adaptive P E

Parents/Guardians of any student residing within District boundaries may apply to open enroll their child in any District school, regardless of the location of residence within the District if space is available. A random, unbiased selection process will be used to determine who shall be admitted whenever the school receives admission requests that are in excess of the school capacity. *Ref. Board Policy 5116.1*

The Open Enrollment period for **currently** enrolled students is the month of January for the following school year.

Should your open enrollment application be approved, the following conditions will apply:

- I am responsible for transportation to and from school.
- I understand that once my Open Enrollment request for my child is granted, he/she has no priority or right to return to the resident school and I must apply again through the Open Enrollment process.
- This Open Enrollment agreement pertains to this student only.
- The net level placement (middle or high) will be determined by my home address.
- I acknowledge that high school athletic eligibility is determined pursuant to CIF Regulations.
- I am a resident of the Pleasanton Unified School District and understand that continued residency is required to keep this agreement valid.

Parent/Guardian's Signature _____ Date _____

• COMPLETE THE RETURN ADDRESS ON THE BACK OF THIS FORM •

PLEASE ATTACH TWO PROOFS OF RESIDENCY

DISTRICT USE ONLY

ACCEPTABLE PROOF OF RESIDENCE: Date application was received: _____ DFT _____

___ PG&E ___ Internet Service ___ Cable ___ Water ___ Garbage

___ Current Lease / Rental Agreement* ___ Close of escrow-Final Statement * *May only be used for the first 30 days after move

Application Approved

Application Denied

___ Space Available

___ Exceeds School/Grade Level Capacity

___ Random Selection Process

___ Assigned to Waiting List

___ Parent notified Administrator's Signature _____ Date _____

To the Parents/Guardians of:
