## JFB-E © EXHIBIT

## OPEN ENROLLMENT ATTENDANCE APPLICATION

File this application at the School District office Student's name \_\_\_\_\_ Last First M.I. Current grade \_\_\_\_\_ Birth date \_\_\_\_\_ Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Message phone \_\_\_\_\_ Parent's name \_\_\_\_\_ Last First M.I. Home address \_\_\_\_\_ Street City Zip E-mail address The above-named student: □ resides outside the School District; or □ resides within the School District Present school of attendance School \_\_\_\_\_ District \_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ School Request assignment to 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?  $\square$  Yes  $\square$  No  $\square$  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? ☐ Yes ☐ No Enrolled in any of the Unique Population Programs? Under definition of unique population programs: ELL (English Language Learner), HI (Hearing Impaired), MD (Multiple Disabilities), A (Autism), SID (Severe Intellectual Disability), OI (Orthopedic Impairment), P-SD (Preschool Severe Delay), DD (Developmental Delay), ED (Emotional Disability), MIID (Mild

Intellectual Disability) SLD (Specific Learning Disability), SLI (Speech Language Impairment), OHI (Other Health Impairment), MOID (Moderate Intellectual Disability), VI (Visual Impairment), TBI (Traumatic Brain Injury), MDSSI (Multiple Disability with Severe Sensory Impairment), Gifted, and 504 Plans

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

- 1. An attendance application must be completed and submitted on or before March 15.
- 2. Enrollment is subject to the capacity limit established for the school and/or its grade levels.
- 3. Parent/Guardian will be notified regarding the students' enrollment opportunities at the school within two (2) weeks of determination date.
- 4. Transportation for the student may be the responsibility of the parent or legal guardian.
- 5. Providing false information on this form may result in the application being denied or admission being revoked, in current or following year

As provided by A.R.S. <u>15-816.07</u>, the District and its employees are immune from civil liability for decisions relative to the acceptance or rejection of the enrollment of a nonresident student when the decisions are based on good faith application of this policy and the applicable statutory requirements and standards.

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 TH	IIS LINE
Student number Date stamp		np Filing Date
-	□ Placed on waiting list	☐ Rejected - Reason for rejection
Principal	Date	
Copies sent by scho	pol to applicant and Superintendent's	s office.
Date sent		