PLEASANTON UNIFIED SCHOOL DISTRICT Open Enrollment Application

Open enrollment application for school year	Student ID N	umber
Student's Name		Male Female
Date of Birth Grade for Year of Request		
Home Address	City	Zip
Parent/Guardian Name(s)		
Home Phone Work Pho	neCell_	
School of Residence		
Current School of Attendance		
School Requested		
Sibling(s) attending school requestedYES	NO	
If YES, grade and school of sibling(s) for following school year		
Reason for Request		
Is student receiving Special Education Services? YES NO If <u>YES,</u> check program below:		
Special Day Class (SDC) Reso	urce Specialist Program (RSP)	Speech / Language
 (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 next level (middle or high school) placement is determined by the 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		
PLEASE ATTACH TWO CURRENT PROOFS OF RESIDENCY <u>District Use Only</u> *********		
ACCEPTABLE PROOF OF RESIDENCE:	Received on:	
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 <u>Denied</u>	
	Exceeds School/Grade Leve	l Capacity
	2,03000 0011001/ 01000 Leve	· Supuling
Director of Student Services	D	ate