

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

PLEASE CHECK ONE: New Student Continuing Student

Student is applying to attend grade: _____ for School Year **2015 – 2016** 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: _____

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OFFICE USE ONLY

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

Principal

Associate Superintendent