

AGUILA ELEMENTARY SCHOOL DISTRICT No. 63

OPEN ENROLLMENT WAIVER REQUEST

2024/2025 School Year

Information to be completed by Parent or Guardian:

Name of Parent or Guardian _____

(Grade is for 2023/2024 SY)

Student's Name _____ Date of Birth _____ Grade _____

Please List other students if this request applies to siblings:

Student's Name _____ Date of Birth _____ Grade _____

Student's Name _____ Date of Birth _____ Grade _____

Student's Name _____ Date of Birth _____ Grade _____

Student's Name _____ Date of Birth _____ Grade _____

Student's Name _____ Date of Birth _____ Grade _____

Current Residence Address _____ Phone Number _____

School District in which you currently reside _____

School student has been attending _____

Is the student in the process of being expelled or has the student ever been expelled from any other school? _____ Yes No

Reason Variance is requested:

I understand that if this District Variance/Boundary exception is approved, the following conditions will apply:

- AESD is not responsible for the student's transportation.
• The student must maintain acceptable standards of behavior, attendance, and academic effort, and abide by the rules and regulations of the District and the high school.
• Priority for open enrollment will be given to staff children and staff families. Priority for open enrollment will also be given to siblings of current students.

Parent's or Guardian's Signature

Student's Signature

For Official Use Only:

Approved Denied Reason Denied

On Wait List (Dates Reviewed after waitlisted)

Superintendent's Signature Date