

AU GRES-SIMS SCHOOL DISTRICT
2018-19 Schools of Choice Program
Second Semester Enrollment Application

Deadline: January 18, 2019

Date of Application: _____

Student Name: _____

Street Address: _____

City/State: _____ Zip Code: _____

Parent/Guardian Name: _____

Address (if different than above): _____

Telephone Number: _____

School District of Residence: _____

Last School Attended: _____

Address: _____ City/State/Zip: _____

Grade Attending in the Fall: _____

Has this student been suspended from school at any time during the past two years? Yes__ No__
School _____

Has this student ever been expelled from school? Yes__ No__ School _____

Does this student receive special education services? Yes ____ No ____

Does this student have a Section 504 Plan? Yes__ No__

Reason(s) for choosing to attend Au Gres-Sims School District: _____

Parent/Guardian Signature: _____