

PALOMA ELEMENTARY SCHOOL DISTRICT No. 94

_____ School Year

OPEN ENROLLMENT WAIVER REQUEST

Information to be completed by Parent or Guardian:

Name of Parent or Guardian _____

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:

- PESD 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** _____