

***** OPEN ENROLLMENT REQUEST FORM *****

Grades K-12

2018-2019

FORT PAYNE CITY SCHOOLS

P.O. BOX 681029

Fort Payne, Alabama 35968-1611

Application is Valid for ONE Year Only
Accepted May 1, 2018-June 15, 2018 ONLY

Incomplete applications will not be processed. Required documentation must be supplied by the parent or guardian.

New Request Renewal

Approved <input type="checkbox"/>	_____	Superintendent / Designee	_____	Date
Not Approved <input type="checkbox"/>	_____			
School Year				

Transfers permitted by the Fort Payne City School District for students who live outside the city limits of Fort Payne shall be granted on a non-discriminatory basis, Except that it shall not consent to any transfers where the cumulative effect will reduce desegregation in the Fort Payne City School District.

IF APPROVED, NO TRANSFER IS GRANTED FOR LONGER THAN ONE SCHOOL YEAR. TRANSPORTATION IS NOT PROVIDED.

STUDENT NAME: _____ GRADE: _____ (For year of attendance requested)

I am requesting to transfer:

FROM: _____ TO: _____
Name of District of Residence School Requesting to Attend

_____ **Date of Birth** **Ethnicity**

_____ **Current Address**

_____ **City** **State** **Zip Code**

Parent/Telephone (Home) _____
(Cell) _____
(Work) _____

Prior School Attended: _____
(Circle One)

Was student withdrawn Y N
Was student expelled Y N
Was disciplinary action pending against student Y N

Parent/Guardian Name _____
Address _____
City/State _____ Zip Code _____

Is your child presently receiving:

Vocational Education Services Circle One Y N 504 Services Circle One Y N Special Education Services Circle One Y N ESL Services Circle One Y N

If student is in special education, please check the appropriate category / categories. A CURRENT IEP must be included for any student who did not receive services in Fort Payne City Schools the prior year.

AU EC LD DD MR VI
 OI HI OHI MD Gifted SLI TBI

IF STUDENT RECEIVES SPECIAL EDUCATION OR 504 SERVICES, THIS APPLICATION MUST BE REVIEWED BY THE SPECIAL EDUCATION DEPARTMENT

Reasons for requesting transfer from district of residence into the Fort Payne City school district: (REASONS MUST BE SPECIFIC) Application will be DENIED if this section is not completed. This must be completed EVEN if you are returning to the Fort Payne City School District from the prior year.

Better educational opportunities Parents work in Fort Payne Recently moved outside the City Limits
 Attended since Kindergarten Currently attends Sports Siblings attend in Fort Payne
 Other-You must include a detailed explanation below.

Does the applicant currently have siblings attending Fort Payne City Schools ___Yes ___No
(If answering yes list sibling(s) and school currently attending)

ENROLLMENT AGREEMENT ON REVERSE SIDE MUST BE SIGNED BY BOTH THE STUDENT AND PARENT.

ENROLLMENT AGREEMENT

BY APPLYING FOR OPEN ENROLLMENT IN THE FORT PAYNE CITY SCHOOL DISTRICT, THE PARENT/GUARDIAN UNDERSTANDS THAT ENROLLMENT IS BASED ON THE FOLLOWING CONDITIONS:

1. A Release (statement of no objection) from school district Superintendent where student resides if student was previously enrolled in the school system.
2. A completed application must be submitted on or **before June 15.**
3. Satisfactory attendance, academic performance and discipline at previous school. Attach copy of school transcript, (permanent record card), latest report card and conduct report.
4. Available space at the grade level and school site requested. (existing facility, services and staff will be a determining factor). No application will be accepted if acceptance causes crowding or displaces a student residing in the school district.
5. Transportation to and from the school is the responsibility of the parent/legal guardian.
6. Students must apply for review and possible acceptance each year and are not guaranteed for renewal from year to year.
7. The right to attend the district may be revoked for flagrant and/or persistent violations of the district's Code of Conduct, Standards for Academic Excellence, and Attendance.
8. No student under suspension, expulsion or other disciplinary action by another school district will be considered for membership in the Fort Payne City School System.
9. The Fort Payne City School District shall not consent to any transfers where the cumulative effect will reduce desegregation in the District.

SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE

IF ALL THE ABOVE CONDITIONS ARE NOT MET, THIS APPLICATION WILL NOT BE CONSIDERED FOR APPROVAL

* THE SIGNATURE OF THE STUDENT AND PARENT/LEGAL GUARDIAN BELOW INDICATES THAT THE ADDRESS LISTED ON THIS APPLICATION IS THE LEGAL RESIDENCE FOR THE STUDENT AND THAT THE STUDENT RESIDES WITH HIS/HER PARENT/LEGAL GUARDIAN. IT IS THE RESPONSIBILITY OF THE PARENT/LEGAL GUARDIAN TO NOTIFY THE SCHOOL IMMEDIATELY IN WRITING OF ANY CHANGES IN STUDENT INFORMATION CONTAINED IN THIS APPLICATION.

ONLY THE PARENT OF RECORD, LEGAL GUARDIAN OR PARENT WITH COURT APPROVED CUSTODY SHALL BE RECOGNIZED AND CONSIDERED TO BE THE LEGALLY AUTHORIZED PERSON IN ALL SCHOOL RELATED MATTERS PERTAINING TO AN INDIVIDUAL STUDENT. A PARENT SHOULD NOTIFY THE SCHOOL PRINCIPAL OF ANY COMPLETED OR PENDING LEGAL ACTION AFFECTING THE FAMILY.

If allowed to enroll in the Fort Payne City School District, I will abide by the code of conduct, standards for academic effort, and attendance requirements.

STUDENT'S SIGNATURE

DATE

PARENT'S SIGNATURE

DATE

*It is the policy of the Fort Payne City Board of Education that all applicants will be selected based on the above criteria. No student(s) shall be denied admission, nor shall be subjected to discrimination in any program or activity on the basis of sex, marital status, race, religion, belief, national origin, or ethnic group – Title IX Coordinator Mr. Jim Cunningham, 256-845-0915.

Legal Reference: The Code of Alabama, 16-9-22, 16-8-8, 16-10-6, 16-11-9, 16-11-20.

*This application process does not supersede the eligibility requirements set by the Alabama High School Athletic Association. Please visit their website at www.ahsaa.com

For School Use Only

* Current Enrollment for applicable grade _____

Number Teacher Units for Grade _____

* Comments/Concerns RE: Scheduling _____

Principal

Date

Coordinator, Student Services

Date

School Year