

**THOMPSON SCHOOL DISTRICT
SCHOOL OF CHOICE/OPEN ENROLLMENT APPLICATION**

Secondary Application Window – December 1 - January 10
Elementary Application Window – January 5 - February 25

<i>Student Information</i>			
_____		Student ID# _____	Birth Date _____
Last Name _____	First Name _____	Middle Name _____	
Street Address _____		City, State, Zip _____	
Resident of:	<input type="checkbox"/> Thompson School District	_____	
		School of Residence (Home Address School)	
	<input type="checkbox"/> OTHER School District	_____	
		District of Residence	
Current School of Attendance _____	Grade _____	Requested School _____	Grade _____
<i>Briefly state the reasons for requesting this open enrollment transfer:</i>			
<i>Sibling Information</i>			
<i>List sibling(s) for the school requested above. Complete a separate application for each student.</i>			
<u>Last Name</u>	<u>First Name</u>	<u>Requested Grade</u>	

I am applying to have my child attend a school outside of his/her attendance area. I understand that requests will be approved based on space availability and that there is no guarantee that my child will be able to attend any school other than his/her attendance area school. School of choice/open enrollment acceptance for kindergarten does not guarantee admission to a full day program. I certify that the information given by me in this document is true, complete and correct.

Parent/Guardian Name (PLEASE PRINT) _____
Day Phone/Evening Phone

Parent/Guardian Signature _____
Date

