

AU GRES-SIMS SCHOOL DISTRICT
2023-24 Schools of Choice Program
Second Semester Enrollment Application

Deadline: January 19, 2024

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: _____