



**Gibraltar School District
School of Choice Enrollment Form
2017/2018 School Year**

How did you hear about us?
Word of mouth (____)
District Website (____)
On-Line Advertising (____)

Date_____

Student's Name_____ Grade attended last fall_____

Street address_____ City_____

County_____ Zip Code_____ Home Phone (____)_____ Cell Phone (____)_____

Father's Full Name_____ Preferred Phone (____)_____

Mother's Full Name_____ Preferred Phone (____)_____

Guardian's Name_____ Preferred Phone(____)_____

Email Address _____

In what school district do you reside? (i.e. district that receives your school taxes) _____

With whom does the student live? _____ Student's date of birth_____

Does the student have other siblings who attend the Gibraltar School District? __Yes __No

Does student require Special Education Services? __ Yes __ No Date of current IEPC_____

Name of school and district attended last year. _____

Any other students applying for school of choice? __Yes __No

If Yes, Student(s) name & current grade:_____

Has student been suspended from school? __Yes __No

If yes, indicate the reason and length of the suspension. _____

Has student ever been expelled from school? __ Yes __ No

If yes, indicate the reason and date of the expulsion. _____

The Gibraltar School District has the right to refuse enrollment to an applicant who has been suspended within the preceding two years or who has ever been expelled.

I, the undersigned, certify that the information on this application form is accurate to the best of my knowledge. I acknowledge that any inaccurate or incomplete information may jeopardize the applicant's admission eligibility. I also agree, in the event this application is accepted, to abide by the rules, regulations, and policies of the Gibraltar School District as well as the rules and regulations set forth in the Schools of Choice legislation and as issued by the Department of Education from time to time. In the event that special education services are needed, I understand that as a 105 student (nonresident within the ISD) the enrolling school district is responsible for providing appropriate educational services. The Gibraltar School District will not provide transportation for School of Choice students.

By signing your name below, you are acknowledging the above mentioned statements are true.

Signature of Parent/Guardian or 18 year old student

Date

Office Use Only:
School: _____
Approval: _____