

# FULL-TIME EMPLOYEE STUDENT ENROLLMENT OPTION

School Year \_\_\_\_\_

Employee Name \_\_\_\_\_ Employee email \_\_\_\_\_

Workplace or job title: \_\_\_\_\_

Employee Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Employee Phone(s) \_\_\_\_\_

Student Name \_\_\_\_\_ School Requested \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ School Requested \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ School Requested \_\_\_\_\_ Grade \_\_\_\_\_

Please initial the boxes below indicating that you acknowledge the corresponding statement.

\_\_\_\_\_ I have read and understand Board Policy 03.127 or 03.226 Tuition-Free Enrollment of Children.

\_\_\_\_\_ I understand that frequent change in student enrollment may be limited by administrative action.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Received by

\_\_\_\_\_  
Date