

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

