

For Office Use Only
Date Received:

**DELANO UNION SCHOOL DISTRICT**  
**Student Reception Center**  
**1300 Norwalk Street**  
**Delano, California 93215**

**Application deadline is March 6, 2020**

**OPEN ENROLLMENT APPLICATION**

Student ID #	Student Name Last Name, First Name, Middle Name	Date of Birth	2020-2021	
			Grade	Assigned School

**\* Special Education student (Please indicate): Yes No (Please note students in Special Education may not be approved due to program availability.)**

Residence Address: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_

The parent/guardian requests permission to attend school at (please mark appropriate school(s)):

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Albany Park (K-5)                        | <input type="checkbox"/> Nueva Vista (K-5) | <input type="checkbox"/> Pioneer (K-8)                             |
| <input type="checkbox"/> Del Vista Math and Science Academy (K-5) | <input type="checkbox"/> Princeton (K-5)   | <input type="checkbox"/> Almond Tree (6-8)                         |
| <input type="checkbox"/> Fremont (K-5)                            | <input type="checkbox"/> Morningside (K-5) | <input type="checkbox"/> Cecil Ave. Math and Science Academy (6-8) |
| <input type="checkbox"/> Terrace (K-6)                            | <input type="checkbox"/> Harvest (K-5)     | <input type="checkbox"/> La Viña (6-8)                             |

**Reason for request:** \_\_\_\_\_

Permission will be granted based upon space available. You will be notified on or before **June 15, 2020** if permit is granted. **Upon approval, if attendance, grades or conduct issues arise, student may be transferred back to home school. Your child's permit for a particular school is also subject to change if/when enrollment patterns affect the space available at school request.**

I certify that the above information is true, accurate and complete. Falsification of addresses will result in immediate transfer to area of legal residence. **I understand that permits are granted for the 2020 - 2021 school year ONLY and I am responsible for transportation for my child.**

Print Parent First and Last Name: \_\_\_\_\_

Relation to child (ren): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Do not write below this line. For use by Student Reception Center only.**

Recommendation: Approved: \_\_\_\_\_ Not Approved: \_\_\_\_\_ Other: \_\_\_\_\_ Parent notified via: \_\_\_ Phone \_\_\_ In Person \_\_\_ Mail

Remarks: \_\_\_\_\_ Assigned Lottery # \_\_\_\_\_ Waiting List # \_\_\_\_\_