

AUGRES-SIMS SCHOOL DISTRICT  
2009-2010 Schools of Choice Program  
Enrollment Application

Application Window

*First Semester closes August*

*Second Semester: December 15, 2009 through January 15, 2010*

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 \_\_\_\_\_

Reason(s) for choosing to attend AuGres-Sims School District: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_