

HARLINGEN CONSOLIDATED INDEPENDENT SCHOOL DISTRICT
APPLICATION FOR STUDENT OPEN ENROLLMENT

Date: _____ For School Year: _____

Student's Name: _____ Grade: _____

Parent's Name: _____ Phone: _____

Home Address: _____

Mailing Address: _____

Home school attendance area: _____

School student wishes to attend: _____

1. Parents agree to furnish transportation.
2. Transfer is based on availability of space and staff.
3. Students are expected to attend regularly and promptly.
4. Open Enrollment applications must be RENEWED ANNUALLY.
5. The District will commit to a full school year and expect the parents to make the same commitment.

FAILURE TO COMPLY WITH ANY OF THESE CONDITIONS MAY CAUSE THE TRANSFER TO BE REVOKED

PARENT/GUARDIAN DATE

APPROVED _____ DENIED _____

PRINCIPAL DATE

APPROVED _____ DENIED _____

PRINCIPAL DATE

APPROVED _____ DENIED _____

SUPERINTENDENT DATE