

AGUILA ELEMENTARY SCHOOL DISTRICT No. 63

OPEN ENROLLMENT WAIVER REQUEST

2025/2026 School Year

Information to be completed by Parent or Guardian:

Name of Parent or Guardian \_\_\_\_\_

(Grade is for 2024/2025 SY)

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Please List other students if this request applies to siblings:

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Current Residence Address \_\_\_\_\_ Phone Number \_\_\_\_\_

School District in which you currently reside \_\_\_\_\_

School student has been attending \_\_\_\_\_

Is the student in the process of being expelled or has the student ever been expelled from any other school? \_\_\_\_\_ ☐ Yes ☐ No

Currently subject to expulsion or long-term suspension from a school or school district? \_\_\_\_\_ ☐ Yes ☐ No

In compliance with conditions imposed by a juvenile court? \_\_\_\_\_ ☐ Yes ☐ No

In compliance with a condition of disciplinary action in any school or school district? \_\_\_\_\_ ☐ Yes ☐ No

Enrolled in or potentially may be enrolled in any of the Exceptional Population Program(IEP, 504 Plan) ? \_\_\_\_\_ ☐ Yes ☐ No

Reason Variance is requested:

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**I understand that if this District Variance/Boundary exception is approved, the following conditions will apply:**

- AESD is not responsible for the student's transportation.
- The student must maintain acceptable standards of behavior, attendance, and academic effort, and abide by the rules and regulations of the District and the high school.
- Priority for open enrollment will be given to staff children and staff families. Priority for open enrollment will also be given to siblings of current students.

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Parent's or Guardian's Signature

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Student's Signature

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For Official Use Only:

\_\_\_\_\_ Approved      \_\_\_\_\_ Denied      Reason Denied \_\_\_\_\_

\_\_\_\_\_ On Wait List (Dates Reviewed after waitlisted) \_\_\_\_\_

**Superintendent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_