

**EDMOND PUBLIC SCHOOLS
APPLICATION FOR
OPEN ENROLLMENT AT
CLEGERN ELEMENTARY SCHOOL
FOR THE SCHOOL YEAR 2023-2024**

Date Received: _____
(For Office Use Only)

Applications for initial placement accepted from January 23rd – February 3rd between 8:00 am – 4:00 pm, Monday through Friday. Preference will not be given based on date and/or time the application is received.

INFORMATION ABOUT STUDENT		
Student Name _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%; margin-right: 10%;"> Last First M.I. </div>		
Male _____ Female _____ Grade (2023-2024) _____ Birthdate _____		
Address _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%; margin-right: 10%;"> Number Street City Zip </div>		
Parent(s)/Legal Guardian(s): _____ _____		
Phone: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%; margin-right: 10%;"> Home Phone Guardian #1 Cell Phone Guardian #1 Work Phone </div> <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%; margin-right: 10%; margin-top: 5px;"> Guardian #2 Cell Phone Guardian #2 Work Phone </div>		
Primary email: _____		
Student's Neighborhood School: _____		
School Currently Attending: _____		
ADDITIONAL INFORMATION		
Does your student receive any of these services? Speech Therapy _____ IEP _____ OT/PT _____ ELL _____ 504 _____ Gifted/Talented _____		
Name Of Siblings – (A separate application must be completed for each child)		
Name _____	Birthdate _____	Grade 2023-2024 _____
Name _____	Birthdate _____	Grade 2023-2024 _____
I understand that this placement, if granted, will be subject to conditions noted upon being granted. I further understand that: (1) I am responsible to furnish the necessary transportation to implement this transfer, and (2) the placement may be revoked by the school principal if the student's grades, attendance (absences and/or tardies), transportation arrangements, or behavior reach an unacceptable level.		
_____ Parent/Legal Guardian Signature	_____ Relationship to Student	_____ Date