

D.C. EVEREST AREA SCHOOL DISTRICT
6300 Alderson Street, Weston, WI 54476

NOTIFICATION OF ACCEPTANCE
NONRESIDENT STUDENT

Student's Name _____ Date _____
Address _____ City _____ Zip _____
District of Residence _____
Home School _____
District school or grade in which enrollment has been sought _____

This is to advise you that you have been accepted into the above-named school or grade as an Open Enrollment student. Acceptance in this school or grade is possible because there has been less than maximum enrollment by resident students of this district in that school or grade.

Please return the attached agreement form to the address above by no later than _____.

Also, please contact _____ at _____ by no later than _____ to obtain information about the district's enrollment procedure. If your child is not enrolled by _____, we will assume you have withdrawn your application.

Administrator, D.C. Everest Area School District

D.C. EVEREST AREA SCHOOL DISTRICT
6300 Alderson Street, Schofield, WI 54476

PARENT (GUARDIAN) AGREEMENT TO OPEN ENROLLMENT

We have been properly informed that our child, _____, has been accepted for enrollment in the D.C. Everest Area School District through its Open Enrollment Program and agree to the following conditions:

- A. We agree that our child will abide by the rules of the school and any applicable policies of the board.
- B. We shall provide the transportation for our child to and from the school s/he will be attending.
- C. Please return this acceptance agreement by _____.

Parent

Parent

Address

City, Zip

Date

Exhibit Approved: 12/16/97
Exhibit Revised: 8/26/08
KAG:ems

SCHOOL BOARD
D.C. Everest Area School District
6300 Alderson Street
Weston, Wisconsin 54476