



Application for Out of District Enrollment

Must be completed by custodial parent/legal guardian

Student Name: _____ Date: _____

Date of Birth: _____ Grade in 2022-23 School Year: _____

Student Address: _____

City: _____ State: _____ Zip Code: _____

Mother's Name _____

phone _____ email _____

Father's Name _____

phone _____ email _____

Child lives with: Both Parents Mother Father

Other, please specify: _____

If divorced or separated, which parent has custodial guardianship?

Parent Signature: _____ Date: _____

Please review the enrollment tiers on the back of this form and indicate any which may apply to your student.

TIER 2:

- *Students whose parent(s) graduated from The Schools of Guntersville.*

Name of parent who is a graduate and graduation year:

- *Students who reside part-time with siblings who are currently enrolled in The Schools of Guntersville.*

Name(s) of sibling(s) with whom the student resides part-time:

TIER 3:

- *Students whose parent(s) are city employees, business owners in Guntersville, paying property taxes or city sales tax.*

Name of city department or business:

Any additional information you would like to share with our enrollment committee:

Committee Signatures

Approved

Denied

Date: _____
