

Please check if
ZONE EXCEPTION ONLY

Anchorage School District
5530 E. Northern Lights Blvd., Anchorage, AK 99504-3135

OFFICE USE ONLY
School Year Requested _____
Grade Level Requested _____

ZONE EXCEPTION/LOTTERY APPLICATION FORM

(Use One Form Per Student Applicant)

1. Applicant Information

Program and/or School Requested: _____
 Student Name: _____ Student number _____
 Student's Birthdate: ____ / ____ / ____ Student home school _____
Mo Day Yr
 Student Gender: _____ Current Grade _____

2. Parent/Guardian Information

Parent/Guardian Name: _____
Last First Middle
 Mailing Address: _____
 Residence Address: (If different than mailing address) _____
 Telephone: Home _____ Work _____ Emergency _____

3. Sibling Information

Does the above applicant have a brother or sister currently in this school? Yes _____ No _____
 If yes, provide sibling name: _____
Last First Middle
 Is there a sibling also applying on a separate application? Yes _____ No _____
 What is the name? _____ Grade Level _____

4. Zone exception only

- I. Open enrollment (subject to space available).
- II. Medical/extenuating circumstances—written justification to be attached to this form.
- III. Continuation of current zone exception.
- IV. Grandfather due to boundary change.

If zone exception approved, the following conditions must apply:

1. Appropriate ASAA eligibility rules must be followed.
2. Parents are responsible for student transportation.
3. Students must arrive and depart at times designated by the principal.
4. Disciplinary concerns can cause revocation of zone exception.

ADMIN. USE ONLY	
Allowed <input type="checkbox"/>	Denied <input type="checkbox"/> _____ <small>Home School</small>
Allowed <input type="checkbox"/>	Denied <input type="checkbox"/> _____ <small>Requested School</small>
Allowed <input type="checkbox"/>	Denied <input type="checkbox"/> _____ <small>Division Administrator</small>

5. Parent/Guardian Statement

I understand that if no space is currently available for placement of the applicant, this application will be held for inclusion in the next lottery process for the program/school requested. I have been given a copy of the Open Enrollment-Lottery Procedure and a description of the program for which this application is being submitted. I realize, too, that this application does not guarantee admission to the program/school and that the lottery procedure will place the applicant's name on a wait list for the program/school. I understand that if I wish to enter any other school or program, under the open enrollment policy it is my responsibility to file additional applications at those schools. **Any false statement is cause for nullification of the zone exception/lottery selection.**

Parent/Guardian Signature: _____ Date: _____

6. School Use Only

Date this application received: ____ / ____ / ____ Administrative Signature: _____