

NOTIFICATION OF NON-ACCEPTANCE

INTRA-DISTRICT

Name _____ Date _____

Home School _____

District Program, Course, or Grade for which enrollment has been sought

This is to advise that your application for admission cannot be accepted for the following reason.

- The total number of available enrollments were taken by students in the school's attendance area.

If an opening occurs after the start of the program, your application may be reconsidered.

- There are still openings available in the following programs, should you wish to submit an application.

- The transfer of your child will negatively-impact the racial balance of his/her home school or the school s/he wishes to attend.

- Your child was suspended or expelled for ten (10) days or more during the semester of application or the preceding semester.

If you have any questions, please contact _____ at _____.

Position

_____ School District