

NOTIFICATION OF NON-ACCEPTANCE

**ADJACENT-DISTRICT STUDENT**

Name \_\_\_\_\_ Date \_\_\_\_\_

District of Residence \_\_\_\_\_

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 District students or tuition students

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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your enrollment will negatively-impact the racial balance of your school or of this District.

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

Thank you for your interest in our schools and programs.

\_\_\_\_\_  
Position

\_\_\_\_\_ School District