Anchorage School District
Anchorage, Alaska 99519-6614

LOTTERY APPLICATION FORM

Use one form per student applicant and return directly to the school to which you are applying

1. **Applicant Information**

Program and/or School Requested: _____

Student's Name: _____
Last First Middle

Student's Sex: Female_____ Male_____ Grade Level Requested _____ School Year Requested _____

Student's Birthdate: _____ /_____ /_____
Month Date Year

Where does your child attend school now?_____

2. **Parent/Guardian Information (*may be released for "Waiting List Directory")**

* Parent/Guardian Name: _____
Last First Middle

_____
Last First Middle

* Mailing Address: _____

Resident Address: (If different than mailing address, vertification of address may be required, i.e., utility bill with residence address and name)

_____

_____

* Telephone: *Home _____ Work_____ Emergency_____

*(Parent/Guardian signature for release _____)

3. **Sibling Information**

Does the above applicant have a brother or sister currently in this program or school?

Yes_____ No_____

If yes, provide sibling name: _____
Last First Middle

_____
Last First Middle

Is there a sibling also applying on a separate application? Yes_____ No_____

What is the name? _____ Current Grade Level_____
Last First Middle

_____Current Grade Level_____
Last First Middle

4. **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.

Parent/Guardian Signature:_____ Date:_____

5. **School Use Only**

Date this application received:_____ /_____ /_____ Administrative Signature:_____
Month Date Year

Copies: Original–Program/School Goldenrod–Parent/Guardian