

**5002.1**  
**Application for Part Time Enrollment**

I, **(print name)** \_\_\_\_\_, am the parent or legal guardian of **(print child's name)** \_\_\_\_\_, and have legal authority to make education decisions regarding the child. My child resides in the \_\_\_\_\_ Public School District and seeks to be enrolled in \_\_\_\_\_ Public Schools as a part-time student. My child seeks enrollment in the following courses\*:

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\*if the course is a sequential course (e.g. Spanish III), please include an explanation of the child's preparation to enroll in the course

I understand that my child's ability to enroll in the course(s) above is subject to (1) board policies governing the admission of students; (2) course capacity; and (3) scheduling constraints. I further understand that my child must comply with all rules and regulations of the school district, the directives of its staff, and the policies of its board of education. Should my child fail to comply with the above, he/she will not be allowed to continue in part-time enrollment.

**Notarized signature required:**

Printed Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Date \_\_\_\_\_

Signature: \_\_\_\_\_

COUNTY OF \_\_\_\_\_ )  
  ) ss.  
STATE OF NEBRASKA )

Signed in my presence and sworn to this \_\_\_\_ day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
Notary Public