

913 N Oneida St. • Appleton, WI 54911 • Phone: 920.832.4125 • Fax: 920.832.6355

ABS Enrollment Application • 2017-2018

Student Applicant Na	me:				
Date of Birth:			Grade for 2017-:	Grade for 2017-18:	
Parent/Guardian:					
Address:					
City:	County:		:	Zip:	
Phones Numbers >	>>>>>>>>>	>>>>> Home:			
Work:		Cell:			
Email:					
Student Applicant's La	anguage (Mark only one w	vith X):			
—					
Speaks English Only	Has had some exposure to Spanish	Uses both Spanish and English fluently	Speaks mainly Spanish	Speaks Spanish Only	
Do you reside in the Appleton Area School District?			Yes:	No:	
If yes, what is your ne	ighborhood school?				
If no, what is your cur	rent district or school?				
* * IF YOU LIVE OUTS	IDE OF THE APPLETON SCH	OOL DISTRICT, CALL 832-6116	FOR OPEN ENROLLMENT	INFORMATION * *	
Does the student app	licant have an Individualiz)? Yes:	No:		
Has the student appli	cant been identified as an	(ELL)? Yes:	No:		
Parent/Guardian Sign	ature:	Date:			

QUESTIONS? Call: 920.832.4125 or Email: BILINGUAL-SCHOOL@aasd.k12.wi.us

Applications must be returned between December 1, 2016 and February 17, 2017 to: Appleton Bilingual School, 913 N. Oneida St. Appleton, WI 54911. You will be notified of enrollment status via postal mail by March 10, 2017.

The Appleton Area School District does not discriminate against pupils on the basis of sex, race, religion, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation, or physical, mental, emotional, or learning disability, or handicap in its education program or activities.