

**OPEN ENROLLMENT APPLICATION  
FOR SAFFORD UNIFIED SCHOOLS**

Please provide the following information and return the completed application form to the Safford Unified Schools District Office, 734 11th Street, Safford, AZ 85546.

Student's Name: \_\_\_\_\_  
(last name) (first name) (middle name)

Student's Birth Date: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent/Guardian Home Address: \_\_\_\_\_  
(street) (city) (zip)

❖ **Is the parent/guardian an employee of Safford Unified School District?**  Yes  No

**NAME OF SCHOOL STUDENT IS CURRENTLY ATTENDING**

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

Check support services student has received:  Resource (SPED)  Self-Contained (SPED)  Speech  Special Ed

Names of Brothers and Sisters and Schools They Are Currently Attending:

\_\_\_\_\_- \_\_\_\_\_  
\_\_\_\_\_- \_\_\_\_\_  
\_\_\_\_\_- \_\_\_\_\_

Name of School You Wish Your Child to Attend: \_\_\_\_\_

Is the above-named child:

- Yes  No Expelled or long-term suspended from any school or district?
- Yes  No Currently being considered for expulsion or long term suspension from a school or district?
- Yes  No  N/A In compliance with conditions imposed by a juvenile court?

Note: The following conditions apply to the open-enrollment program:

1. An application must be completed.
2. Enrollment is subject to the capacity limit established for the school, grade levels, and/or program.
3. The parent or legal guardian will be notified whether the application has been accepted, rejected or placed on a waiting list.
4. Transportation for the student will be the responsibility of the parent or legal guardian (exceptions by statute [A.R.S. 15-816.01]).
5. Providing false information on this form may result in the application being denied or admission being revoked.

The signature affirms that the student will abide by the rules, standards and policies of the school and the District, if enrolled, and provides authorization for release of disciplinary records.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this completed application form to the District office. If you have any questions regarding the application process, standards for acceptance or rejection, or other policies, regulations, and procedures regarding open enrollment, please feel free to contact the Superintendent at 348-7007.

**FOR DISTRICT USE ONLY ~ DO NOT WRITE BELOW THIS LINE**

**DATE RECEIVED** \_\_\_\_\_

- Accepted  Placed on waiting list
- Rejected  Reason for rejection \_\_\_\_\_
- Revoked  Reason for revoking \_\_\_\_\_

**Signature** \_\_\_\_\_  
Revised 4/22