☐ **New**
☐ **Open Enrollment**
☐ **Changing Schools/Waiting List**

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, no later than May 1st.

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 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 Next Year: _____
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?
☐ Yes ☐ No Maintaining at least a 2.0 G.P.A. for the past two semesters?
☐ Yes ☐ No Displaying an acceptable discipline history for the past two semesters?

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

1. An attendance application must be completed and submitted on or before May 1.
2. Enrollment is subject to the capacity limit established for the school, grade levels, and/or program.
3. On or before August 1, the parent or legal guardian will be notified whether the application has been accepted, rejected or placed on a waiting list.
4. APPLICATION ACCEPTANCE IS ON A YEAR-BY-YEAR BASIS AND CAN BE REVOKED AT ANY TIME.
5. Transportation for the student will be the responsibility of the parent or legal guardian (exceptions by statute [A.R.S. 15-816.01]).
6. 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. I understand that open enrollment for my child(ren) may be revoked at any time for reasons that include any or all of the following:

1. An academic grade point average (GPA) less than 2.0 or is not demonstrating acceptable progress in an individualized education program (IEP) or alternative placement or program behavioral expectations;
2. Violation of disciplinary rules; and
3. Failure to maintain an acceptable level of attendance.

Parent/Guardian Signature: _____ Date: _____
Please remember to return this completed application form to the District office no later than May 1st. 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 3/17