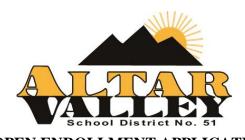
10105 S. Sasabe Road Tucson. AZ 85736



Phone: 520-822-1484 Fax: 520-8221798

## OPEN ENROLLMENT APPLICATION

This is a request for school year 2023- 2024 (Valid for One School Year Only)

Student's Name:		Current Grade Level:		
☐ Male ☐ Female Date of Birth:	2023-2	2023-2023Year's Grade Level:		
Name of Parent/Legal Guardian:				
PHYSICAL Address of Parent/Legal Guardian	:	City/Zip:		
MAILING Address of Parent/Legal Guardian:		City/Zip:		
Home Phone:	Work Phone:	ork Phone: Mobile Phone:		
Name of school/school district student current	ly attends:			
Please circle all that apply: Regular Education	Special Education	English Learner Gifted 50	)4	
Is the above named child:				
1. Expelled or suspended from <b>any</b> school or district? □Yes □ No If yes, give date:				
2. Currently being considered for expulsion or suspension from a school or district? □Yes □ No				
3. In compliance with conditions imposed by a juvenile court? ☐ Yes ☐ No ☐ N/A				
4. In compliance with a condition of disciplinary action in any school or school district? $\Box$ Yes $\Box$ No $\Box$ N/A				
Reason for Requesting Transfer: (If more detail is needed, please attach separate sheet.)				
I fully understand that the student named above will abide by the rules, standards and policies of the school and the district if allowed to enroll. Failure to comply with these rules could lead to revocation of open enrollment status. I also understand that if any of the information on this form is false, the student may be withdrawn from school. By signing this document, you are affirming your understanding that you are responsible for transporting your child to and from school and guaranteeing his/her attendance on a regular basis.				
Signature of Parent or Legal Guardian			Date	
FOR SCHOOL USE ONLY				
Principal Signature  □Approved □ Denied	Date	Superintendent Signature	Date	
Comments:				