



A Step Ahead

Out-of-District
Open Enrollment Application and Agreement

1. I wish to enroll _____ in _____
STUDENT'S NAME (PLEASE PRINT) SCHOOL GRADE SCHOOL YEAR

Student's Date of Birth _____

Home Address _____ Home Phone _____

City _____ Zip _____ Work Phone _____

School district in which your residence is located _____

School last attended _____

2. The applicant student:
- (a) has a satisfactory attendance record yes ____ no ____
 - (b) has been suspended from school in the past yes ____ no ____
 - (c) has been expelled from school yes ____ no ____
 - (d) failed one or more classes in his/her previous school yes ____ no ____
 - (e) has a parent who is employed by Englewood Schools yes ____ no ____

3. Sibling Information:
- (a) Is there a sibling of the student listed above already attending the school you are requesting? yes ____ no ____
 - (b) Will that brother or sister still be attending the school you are requesting next school year? yes ____ no ____
 - (c) Are you submitting an application for open enrollment for a sibling(s) of the student listed above? yes ____ no ____
 - (d) Would you withdraw this request if a sibling(s) request was not honored? yes ____ no ____

4. Reason for selecting this school _____

- 5. I will assume ALL responsibility for transportation to and from the new school, as I acknowledge that transportation is not the school district's responsibility.
- 6. I acknowledge that if this application is approved, it is for the above-named student ONLY and does not include approval for siblings.
- 7. I understand that I must complete an open enrollment application each year and that my child may have to return to his/her school of residence in subsequent years as provided in school district policy.
- 8. All of the information provided on the enrollment form is accurate. I will notify the school if any of this information changes.
- 9. Admission of students requiring Special Education services will be contingent upon the availability of an appropriate placement.

Parent or Guardian _____
(PLEASE PRINT)

Signature of Parent/Guardian _____ Date _____

▶ **RETURN COMPLETED FORM TO:** *Main Office of School* **OR MAIL TO:** *Englewood Schools, Student Services* ◀
4101 S. Bannock St.
Englewood, CO 80110

OFFICE USE ONLY	
REQUEST: <input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Signature of Principal _____	Date _____
<i>(Article 36-Public Schools of Choice, Section 22-36-101, choice of programs and schools within school districts)</i>	