



Englewood Schools Open Enrollment Application and Agreement

Student's Name: _____ Date of Birth: _____ Grade: _____

Home Address: _____

Parent Name: _____ Contact Number: _____

Requested School: _____ School Year: _____

Last School Attended: _____ School District in which your residence is located: _____

Yes No This student has been expelled/dismissed from school in the past 12 months?

Yes No This student has a sibling attending this school.

Yes No This student has a sibling attending a different Englewood School.

Yes No. This student has a parent/guardian currently employed with Englewood Schools.

Staff Member: _____ Location: _____

Yes No *This student is currently receiving special education services or is on an Individual Education Plan (IEP).

Yes No *This student is currently being tested for special education placement.

Yes No *This student has a current 504 plan.

**If the student has a current Individual Education Plan (IEP) at the most recent school attended, the signature of the parent/guardian acknowledges that the District of Jurisdiction (place of residence) has made available a free appropriate public education for the student. Application for students receiving special education services will require approval by Special Education staff.*

If this application is approved, I understand and agree to abide by the following: (please initial)

_____ I understand and acknowledge that enrollment is conditional until the district has received records from the previous school. In the event that the student's records indicate a reason to deny admission, the student's conditional enrollment status shall be revoked. (Board Policy JF)

_____ I understand and acknowledge that enrollment for each year is contingent on attendance, behavior and/or academic performance.

_____ I will assume ALL responsibility for transportation.

_____ I acknowledge that if this application is approved, it is for the above-named student only and does not include approval for siblings.

_____ I understand that my student must be approved for open enrollment and once accepted every effort will be made to permit the student to complete the highest grade in that building as outlined in Board Policy JFBA-R.

_____ I understand that athletic eligibility is determined by school policy and Colorado High School Activities Association (CHSAA). Additional information is available at www.chsaa.org

PARENT/GUARDIAN SIGNATURE

DATE

In the event any information is falsified or withheld from the district during the admission process, approval for admission will be withdrawn immediately. (Board Regulation JFBB-R)

OFFICE USE ONLY

Date Received: _____ Priority Level: 1 2 3 4 5 6

Notes:

____ Approved

____ Denied

____ Wait List

Receiving Principal's Signature