



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 each year and that he/she may have to return to the school of residence in subsequent years as outlined in district policy.

_____ 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