



**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](http://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 Policy JFBB-R)**

**OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Priority Level: 1 2 3 4 5 6

Notes:

\_\_\_\_ Approved

\_\_\_\_ Denied

\_\_\_\_ Wait List

\_\_\_\_\_  
Receiving Principal's Signature