



# Elizabeth Schools Open Enrollment Request of Non-Resident

## STUDENT PERSONAL INFORMATION

Student Name: (Last, First)		Date of Birth:
Current address:		
City:	State:	ZIP Code:
Parent/Guardian Name:(Last, First)		
Email:		
Home Phone:	Work Phone:	Cell Phone:
School Currently Attending:	School Phone:	Current School District:
Elizabeth School Requested:		Entering Grade Level:
How did you hear about Elizabeth Schools?		
Explain Reason for Request:		
Does either parent work in the Elizabeth School District:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have siblings in the Elizabeth School District:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the student been expelled from any school? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please explain:

## PARENT/GUARDIAN SIGNATURE

If approved, the student is expected to abide by all attendance and behavior regulations of the Elizabeth School.

As the parent/guardian of the above-named student, I understand:

- The district is not responsible for providing transportation.
- An open enrollment will be valid throughout the grades served by the school.
- Approval of this request is for the above-named student. It does not ensure the approval of siblings.
- High School athletic eligibility is determined by the Colorado High Schools Activities Association (CHSAA) and the laws of the state of Colorado. Additional information is available at [www.chsaa.org](http://www.chsaa.org)

Signature of Parent/Guardian or Student (if 18 or older) \_\_\_\_\_ (date)

## SCHOOL ADMINISTRATION

Print Name of School Administration that is receiving the above request \_\_\_\_\_

Approved    Denied for the following reasons:

Signature of School Administration \_\_\_\_\_ (date)

Signature of Special Education Director (for students receiving special education services) \_\_\_\_\_ (date)