



Open Enrollment Request of Non-Resident Student

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:		Grade Level in Fall:

How did you hear about Elizabeth Schools? *Select all those appropriate*
 Word of Mouth: Existing Student/Family Staff Realtor Employer Other _____
 Newspaper Social Media Internet Search Flyer Event Other _____

Please explain why you want to attend Elizabeth Schools?

Do either parents work in the Elizabeth School District: Yes No

Do you have siblings in the Elizabeth School District: Yes No

Does the student have a current Individual Education Program (IEP)? Yes No

Is the student currently being tested for special education placement? Yes No

Is the student receiving or identified as eligible to receive special education services? Yes No

Does the student have a current 504 plan? Yes No

Has the student been expelled from any school? Yes No
 If yes please explain:

PARENT/GUARDIAN SIGNATURE

If the student has a current 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. Applications for students receiving special education services will require approval by Special Education Director.

If approved, the student is expected to abide by all attendance and behavior regulation 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 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

 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 reason:

 Signature of School Administration (date)

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