

**PRESCOTT UNIFIED SCHOOL DISTRICT NO. 1
OPEN ENROLLMENT APPLICATION**

SUBMIT THIS APPLICATION TO YOUR SCHOOL OF CHOICE.

Revised 3/98

Student's name _____ Current grade _____
Last First M.I.

Date of birth _____ Home phone _____ Work phone _____

Parent/legal guardian's name _____
Last First

Home address _____
Street City Zip code

Present school of attendance _____ City _____

School requested _____

Is the above-named child:

- expelled from any school or district? _____ Yes _____ No
- currently being considered for expulsion from a school or district? _____ Yes _____ No
- in compliance with conditions imposed by a juvenile court? _____ Yes _____ No _____ NA

The following conditions apply to the open enrollment program:

1. The District's open enrollment period for the following school year is April 1 to May 1 each year.
2. Applications are accepted at any time for transfer requests concerning the current school year.
3. Enrollment is subject to the capacity limit established for the school and/or its grade levels.
4. By June 15, the parent/legal guardian of resident students will receive written notification of placement.
5. By August 15, the parent/legal guardian of non-resident students will receive notification regarding placement.
6. Transportation for the student may be the responsibility of the parent/legal guardian (exceptions by statute [A.R.S. §15-816.06]).
7. Providing false information on this form may result in the application being denied or admission being revoked.

The signatory affirms that enrollment in Prescott Unified School District is conditional, based upon the student's compliance with the rules, standards and policies of the school and the District.

Signature of Parent or Legal Guardian

Date

FOR DISTRICT USE ONLY • DO NOT WRITE IN THIS BOX

Student Name _____ Filing Date/Time _____

_____ Accepted _____ Rejected Reason for rejection _____

_____ Placed on waiting list Principal's signature _____

