



## OPEN ENROLLMENT APPLICATION

Alpine Elementary School  
P.O. Box 170, Alpine, AZ 85920

Student's First Name	Sutdent's Last Name	Student's Middle Name	Current Grade
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Home Address	City	State	Zip
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Mother's Full Name	Home Phone	Mobile Phone	E-mail Address
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Father's Full Name	Home Phone	Mobile Phone	E-mail Address
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The above named student: Resides outside the School District \_\_\_\_\_ or resides within the School District \_\_\_\_\_.

### PRESENT SCHOOL OF ATTENDANCE

School	District
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City	County
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Is the above-named student:

Expelled or long term suspended from any school or district? Yes \_\_\_\_\_ No \_\_\_\_\_

Currently subject to expulsion or long term suspension from a school or district? Yes \_\_\_\_\_ No \_\_\_\_\_

In compliance with conditions imposed by juvenile court? Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

In compliance with a condition of disciplinary action in any school or district? Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

### Note: The following conditions apply to the open-enrollment program:

1. An attendance application must be completed and submitted on or before May 15.
2. Enrollment is subject to the capacity limit established for the school and/or its grade levels.
3. On or before August 1, the parent or legal guardian will be notified in writing whether the application has been accepted, rejected or placed on a waiting list.
4. Transportation for the student will be the responsibility of the parent.
5. Providing false information on this form may result in the application being denied or admission being revoked.

**By signing this application you affirm that the parents and student will abide by the rules, standards and policies of the school and the district if enrolled.**

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

### FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_

Accepted \_\_\_\_\_ Placed on waiting list \_\_\_\_\_ Rejected \_\_\_\_\_ (Reason) \_\_\_\_\_

Date copies sent to applicant by school: \_\_\_\_\_



