

Show Low Unified School District #10
500 West Old Linden Road, Show Low, AZ 85901
928-537-6001

____ Out of District
____ In District
Deadline: April 9, 2020

Open Enrollment Application

Request form 2020-2021 School Year

Student's Legal Name: _____ Current Grade Level: _____

Male Female Date of Birth: _____ Next Year's Grade Level: _____

Name of Parents/Legal Guardian: _____

PHYSICAL Address of Parent/Legal Guardian: _____

MAILING Address of Parent/Legal Guardian: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

Name of school/school district where you **currently** live: _____

Name of school student **last** attended: _____

Name of school requesting permission to attend: _____

Please check one: Regular Ed. Special Ed. ESL/ELL Gifted

Is the above named child:

Yes No Expelled or suspended from any school or district? If yes, provide date:

Yes No Currently being considered for expulsion or suspension from a school or district?

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

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

Why do you want your child to attend this school in Show Low School District?

Does your child have any siblings currently attending or seeking to attend a SLUSD school? Yes No

If "Yes", please list their name(s) and which school(s) they attend or seek to attend.

Signature of Administrator: _____

Signature of Releasing Administrator (if in-district): _____

Approved Denied Waiting List Date: _____

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Please provide any insights you can provide about your child in the following areas:

- Academic Strengths:

- Academic Weaknesses:

- Extracurricular Involvement:

- Peer Relationship/Student Behavior:

STATEMENT OF UNDERSTANDING

My child and I understand that the Show Low Unified School District maintains high expectations for student achievement and behavior. This may include my child being placed into reteach classes, needing to attend afterschool or before school tutoring, and/or being required to attend other programs designed to assist in academic progress.

My child and I understand that he/she is expected to abide by the rules, standards, and policies of the school and the District if allowed to enroll.

We understand that open enrollment is granted on a year-to-year basis based on the availability of space at each school. We also understand that completing a yearly open enrollment application is required for my child to be considered for open enrollment in the Show Low Unified School District.

We certify that all of the information we have provided is true and correct. We understand that if any of the information on this form is false, the student may be withdrawn from school. We also understand that transportation outside of currently established bus routes will not be provided by the district.

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____
(grades 6-12)