

Sahuarita Unified School District No. 30  
350 W. Sahuarita Road \* Sahuarita AZ 85629 \* (520) 625-3502

**OPEN ENROLLMENT APPLICATION**

Applications for the next school year may be submitted beginning February 1. To ensure notification by June 1, the open enrollment form must be submitted by April 15. If an open enrollment form is submitted after April 15, parents may not be informed until after school begins.

This is a request for school year 20 \_\_\_\_\_ - 20 \_\_\_\_\_ (one school year only)

Student's Name: \_\_\_\_\_

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

Name of Parent/Legal Guardian: \_\_\_\_\_

Address of Parent/Legal Guardian: \_\_\_\_\_

City/Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name of school/school district student **currently** attends: \_\_\_\_\_

Name of school student **last** attended: \_\_\_\_\_

Name of school student **desires** to attend: \_\_\_\_\_

Please circle one:                      **Regular Education**                      **Special Education**                      **ESL/ELL**                      **Gifted**

Is the above named child:

1. Expelled or suspended from **any** school or district? \_\_\_\_\_ If yes, give date: \_\_\_\_\_
2. Currently being considered for expulsion or suspension from a school or district? \_\_\_\_\_
3. In compliance with conditions imposed by a juvenile court? \_\_\_\_\_
4. In compliance with a condition of disciplinary action in **any** school or school district? \_\_\_\_\_

**Reason for Requesting Transfer:**

**Explanation:**

- Child Care Reasons
- Planning a move after the opening of school
- Health/safety reasons
- Other

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I fully understand that the student named above will abide by the rules, standards and policies of the school and the District if allowed to enroll. Failure to comply with these rules could lead to revocation of open enrollment status. I also understand that if any of the information on this form is false, the student may be withdrawn from school. By signing this document you are affirming your understanding that you are responsible for transporting your child to and from school and guaranteeing his/her attendance on a regular basis.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

Approved  Denied

\_\_\_\_\_  
Signature of Administrator                      Date

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