



SAHUARITA UNIFIED SCHOOL DISTRICT

Dear Parent/Guardian:

Thank you for considering enrolling your child in a Sahuarita Unified School District school under the SUSD Governing Board policy JFB – Open Enrollment.

Open enrollment must be approved on an **annual** basis and is contingent upon the following criteria:

- availability of space,
- academic progress,
- discipline history, and
- attendance history

Please note, transportation is NOT provided by the District to open enrollment students who do not live in the SUSD boundaries.

Enclosed you will find an open enrollment packet for the 2024-2025 school year. This packet consists of an open enrollment application, an open enrollment contract, and copies of SUSD policies JFB – Open Enrollment and JFB-R Open Enrollment Regulation. If you and your child are interested in being considered under open enrollment for the upcoming school year, please carefully read the enclosed information and complete the application and contract. These items must be returned to the **school** in which the student is requesting admittance **along with copies of your child's current grades, attendance history, discipline history, and proof of residency** for the **principal's review**.

If you are requesting consideration for open enrollment, these items should be returned to the **school** by **February 22, 2024**. All packets will be reviewed on a first-come, first-served basis and the schools' open enrollment capacities fill up quickly. Please return your packets as soon as possible. If the application is received after **4:00 PM** on **February 22, 2024**, it has a higher risk of being denied due to capacity issues.

Each packet will be considered based upon the enclosed open enrollment policy. If the packet was received by April 15th, a letter will be sent to you by the requested school no later than **June 1, 2024**, indicating the outcome of your application. The letter will indicate acceptance, waitlist, or denial of the application. If approved, that letter will serve as notification of approval for your open enrollment student for the 2024-2025 school year. If your packet was received after April 15th, the notification may not be made to you until after the start of the school year.

Thank you for your past participation in the open enrollment program. We look forward to providing each student in our organization with a high-quality education.

Sincerely,

Scott D. Downs
Assistant Superintendent for Administrative Services
Sahuarita Unified School District

SDD/ef

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

OPEN ENROLLMENT APPLICATION

This is a request for school year **2024 - 2025** (Valid for One School Year ONLY)

Current Grade Level: _____

Student's Name: _____

☐ Male ☐ Female

Date of Birth: _____

Next Year's Grade Level: _____

Name of Parent/Legal Guardian: _____

PHYSICAL Address of Parent/Legal Guardian: _____ City/Zip: _____

MAILING Address of Parent/Legal Guardian: _____ City/Zip: _____

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

Parent/Guardian email address: _____

Name of school/school district student **currently** attends: _____

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

School student **desires** to attend: ☐ ATS ☐ CVES ☐ SOP ☐ SPS ☐ SIS ☐ SMS ☐ WRS ☐ SHS ☐ WGHS ☐ SDPA

Please circle one: **Regular Education** **Special Education** **Speech** **504** **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: (If more detail is needed, please attach a separate sheet.)

Does the above-named child have a/any sibling(s) currently attending or seeking to attend an SUSD school? No ☐ Yes ☐

If "Yes", please list their name(s) and which school(s) do they attend/seek to attend: _____

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. If you are an OUT-OF-DISTRICT family, by signing this document you are affirming your understanding that **you are responsible for transporting your child** to and from school and guaranteeing your child's attendance on a regular basis.

Signature of Parent or Legal Guardian

Date

FOR SCHOOL USE ONLY

☐ Approved

☐ Denied

Principal Signature

Date

Comments:



SAHUARITA UNIFIED SCHOOL DISTRICT

OPEN ENROLLMENT CONTRACT

SCHOOL YEAR:

This contract is for _____ to enroll at _____ as an open enrollment student. He/she currently lives out of this school's attendance boundaries and should attend _____.

In order for this student to remain enrolled under open enrollment in this school, he/she has agreed to:

- Abide by the rules, standards, and policies of the school and the District (including dress code),
- Guarantee his/her attendance on a regular basis,
- Keep all grades at passing levels,
- Not receive any discipline write-ups, and
- Be respectful to all staff.

If the student does not abide by these rules, he/she will immediately need to be withdrawn from our school.

Please note, this contract must be re-submitted with a new open enrollment application each year.

Please remember that transportation is NOT provided by the District to open enrollment students that do not live in SUSD boundaries.

Student

Principal

Parent

Date