

NON-DISTRICT RESIDENT ENROLLMENT APPLICATION

Salida School District R-32-J

Completion of this form does not guarantee enrollment. The Central Administration Office will make the decision as to whether an application is accepted or rejected based on criteria established in state law and Board policy and regulations.

Transportation for open enrollment/non-resident students is the responsibility of the parent/guardian.

Please print legibly, one application per household

HOUSEHOLD INFORMATION

Parent's Name _____ Parent's Phone # _____

Physical Address _____ City, Zip _____

Parent's Email Address _____

STUDENT INFORMATION

NAME	REQUESTED SCHOOL	GRADE	ON 504 PLAN?	ELIGIBLE FOR SPECIAL ED?
			Y N	Y N
			Y N	Y N
			Y N	Y N
			Y N	Y N
			Y N	Y N

I verify that the information provided is accurate and true to the best of my knowledge. I further understand that providing false or incomplete information may delay enrollment or may result in my student's enrollment being revoked (terminated) at a later time.

Parent Signature _____ Date _____

For school use only – do not write below line

Date Rec'd _____

Approved _____ Denied _____ Reason for denial _____

Determining Official _____ Date _____