



OPEN ENROLLMENT APPLICATION

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

Student's First Name _____ Student's Last Name _____ Student's Middle Name _____ Current Grade _____

Home Address _____ City _____ State _____ Zip _____

Mother's Full Name _____ Home Phone _____ Mobile Phone _____ E-mail Address _____

Father's Full Name _____ Home Phone _____ Mobile Phone _____ E-mail Address _____

The above named student: Resides outside the School District _____ or resides within the School District _____.

PRESENT SCHOOL OF ATTENDANCE

School _____ District _____

City _____ County _____

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: _____

