OPEN ENROLLMENT APPLICATION FOR SAFFORD UNIFIED SCHOOLS

Please provide the following information and return the completed application form to the Safford Unified Schools District Office, 734 11th Street, Safford, AZ 85546, no later than May 1st.

Student's	Name:									
	(1	ast name)			(first	name)		(midd	lle name)	
Student's Birth Date:			(Current Grade:		Home Phone:				
Parent/Gu	uardian Na	ame:				Work Phone:				
Parent/G	uardian Ho	ome Address:								
			(street)				(city)	_		(zip)
				fford Unified			Yes ⊔ N	0		
C 1 1				RENTLY A		\mathbf{D}^{*} , \cdot ,				
School: _	nnort corr	ioos student h	as received		(SDED)	$_$ District:	ntainad (S	SPED)	aab \Box Sn	
Names of	f Brothers	and Sisters at	as received.	They Are Cur	rently Atte	nding:	manieu (S	$(\Box D) \Box D$	seen 🗆 spe	
Inames of				•	•	-				
-										
-										
Name	of	School	You	Wish	Your	Child	to	Attend	Next	Year:
Is the abc	ove-named	l child:								
$\Box Y$	es 🗆 No	Expel	led or long-	term suspend	led from an	y school or c	listrict?			
$\Box Y$	es 🗆 No	Curre	ntly being c	onsidered for	expulsion	or long term	suspensio	on from a scho	ol or district	t?
$\Box Y$	es 🗆 No	\square N/A	In comp	liance with co	onditions in	nposed by a	juvenile c	ourt?		
\Box Y	es 🗆 No	Maint	taining at le	ast a 2.0 G.P	A. for the p	ast two sem	esters?			
$\Box Y$	es 🗆 No	Displ	aying an acc	ceptable disci	pline histor	ry for the pas	t two sem	esters?		
Note:	The follow			he open-enro						
				mpleted and s			Mav 1.			
								d/or program.		
								lication has be		. rejected
		a waiting list.		0			rr			, . j
				DN A YEAR-	BY-YEAR	BASIS AN	D CAN B	E REVOKED	AT ANY T	IME.
								dian (exceptio		
	-816.01]).			une response	011109 01 01	• parent of 1	•Bui Buu	anni (eneeptie	no og statut	• [1
		se informatio	n on this fo [.]	rm may result	t in the ann	lication bein	σ denied a	or admission b	eing revoke	h
0. 110	, rung ru		ii oli tillo ioi	ini may result	t in the upp	incution ocin	5 demea (uumission e	enig revolue	4.
The signa	ature affir	ms that the st	udent will a	bide by the ru	iles, standa	rds and polic	cies of the	school and th	e District, if	enrolled,
								rollment for r		
				any or all of t			· · · · · · · · · · · · · · · · · · ·))
							t demons	trating accept	able progre	ss in an
								avioral expect		
							siuni oon	aviolal enpeed	<i>whoms</i> ,	
				evel of attenda						
			eeep tue te te							
Parent/G	uardian Si	gnature:						Date:		
Please re	member t	o return this	completed	application for	orm to the	District off	ice no lat	Date: er than May	1st. If you	have any
								or other polic		
				e feel free to					-	

FOR DISTRICT USE ONLY ~ DO NOT WRITE BELOW THIS LINE

DATE RECEIVED								
Accepted 🗆	Placed on waiting list \Box							
Rejected 🛛	Reason for rejection							

Revoked 🗆	Reason for	revoking
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Signature

Revised 3/17