

Logan City School District Open Enrollment Application

Please check appropriate box:

- Early Enrollment Period**
(December 1 to 3rd Friday in February)
 Year requested: 20__ - __

Please check appropriate box:

- Late Enrollment Period**
(Submitted outside of the early enrollment period)
 For current year: 20__ - __
 For next school year: 20__ - __

Student Name _____	Birthdate: _____	Current Grade: _____
Parent/Guardian: _____	_____	Home # : _____
Legal Address: _____	City/Zip: _____	Cell # : _____
Mailing Address: (if different) _____		
Requested School: _____	Boundary School: _____	
Current School: _____	_____	
Reason for request: _____		

An enrolled nonresident student shall be permitted to remain enrolled, subject to the same rules and standards as resident student, without renewed applications in subsequent years unless any of the following occurs:

- The student graduates or is no longer a Utah resident.
- The student is suspended or expelled from school.
- The district determines that school enrollment will exceed the open enrollment threshold.

- Has the student ever attended school in the Logan school district?** Yes No **If yes, when & where** _____
- Does the student currently receive services under an IEP or ESL?** Yes No **If yes,** ESL Resource, speech _____
- Does the student have a sibling(s) in the requested district?** Yes No **If yes,** _____
- Has the student been suspended or expelled from any school?** Yes No **If yes,** _____

A student may be denied an open enrollment opportunity if the student has been suspended or expelled from a public school consistent with 53A-2-208(3)(b).1

A student with prior behavioral problems may be granted provisional enrollment provided the student and parent sign an agreement with the school district establishing the condition for continued enrollment and notifying the parent/student that the student will be excluded from the school if the agreement is violated. The district is responsible for the agreement as allowed under Section 53A-2-208(3)(c).

I understand that all transfer requests are contingent on early enrollment school capacity (*maximum capacity") or late enrollment school capacity (*adjusted capacity"), special program limitations, staff availability, and/or circumstances under 53A-2-207(4)(c). If this request is granted, I agree that my child must remain at the requested school through the end of the requested school year. I understand that I, as parent or guardian, am responsible for transportation of my student to and from school. I understand that a student's acceptance into a school or school district does not establish UHSAA (student athletic or activity) eligibility.

- A transcript of grades and credits must be attached for middle school and high school students.

I have read the guidelines concerning the "Enrollment Options Program" and agree to abide by its requirements. I give Logan City School District permission to contact my student's previous school for further information if needed. I hereby certify that the information above is true and correct to the best of my knowledge. Any incomplete, inaccurate, or misleading information will result in cancellation of approval.

Signature of Parent or Guardian _____ **Date** _____

DISTRICT USE ONLY

Date: _____ **Time:** _____ **Application Status:** Accepted Rejected Provisional (per attached agreement)

Fee: _____ **Initial:** _____ **If rejected, reason for rejection:** _____

Signature of district designee: _____