



# OPEN ENROLLMENT APPLICATION

Please check appropriate box:

- Early Enrollment Period**  
(15 November to 1st 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\_\_ - \_\_

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.

Student Name _____	Birthdate: _____	Current Grade: _____
Parent/Guardian: _____		Phone # : _____
Legal Address: _____	City: _____	State: ____ ZipCode: _____
Mailing Address: (if different) _____		
Requested School: _____	Boundary School: _____	
Current School: _____	Reason for request: _____	

- Does the student have a sibling(s) in the requested district?     Yes     No    Where: \_\_\_\_\_
- Does the student currently receive services under an IEP or ESL?     Yes     No    If yes,    ESL     Resource, speech
- Has the student been suspended or expelled from any school?     Yes     No    When & where \_\_\_\_\_

A student may be denied an open enrollment opportunity if the student has been suspended or expelled from a public school consistent with 53G-6-402(6)(c).

A student with prior behavioral problems may be granted provisional enrollment provided the student and parent sign an agreement with the school 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 school is responsible for the agreement as allowed under Section 53G-6-403(3)(a).

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 53G-6-402. 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.**

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: \_\_\_\_\_

### SCHOOL USE ONLY

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Application Status: Accepted  Rejected  Provisional  (attached agreement)

Fee: \_\_\_\_\_ Initial: \_\_\_\_\_ If rejected, reason for rejection: \_\_\_\_\_

Signature of Administrator: \_\_\_\_\_