



Elizabeth Schools Open Enrollment Request of Non-Resident

STUDENT PERSONAL INFORMATION

Student Name: (Last, First)		Date of Birth:
Current address:		
City:	State:	ZIP Code:
Parent/Guardian Name:(Last, First)		
Email:		
Home Phone:	Work Phone:	Cell Phone:
School Currently Attending:	School Phone:	Current School District:
Elizabeth School Requested:		Entering Grade Level:
How did you hear about Elizabeth Schools?		
Explain Reason for Request:		
Does either parent work in the Elizabeth School District: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have siblings in the Elizabeth School District: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has the student been expelled from any school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:		

PARENT/GUARDIAN SIGNATURE

If approved, the student is expected to abide by all attendance and behavior regulations of the Elizabeth School.

As the parent/guardian of the above-named student, I understand:

- The district is not responsible for providing transportation.
- An open enrollment will be valid throughout the grades served by the school.
- Approval of this request is for the above-named student. It does not ensure the approval of siblings.
- High School athletic eligibility is determined by the Colorado High Schools Activities Association (CHSAA) and the laws of the state of Colorado. Additional information is available at www.chsaa.org

Signature of Parent/Guardian or Student (if 18 or older) (date)

SCHOOL ADMINISTRATION

Print Name of School Administration that is receiving the above request_____

☐Approved ☐Denied for the following reasons:

Signature of School Administration (date)

Signature of Special Education Director (for students receiving special education services) (date)