



APPLICATION PERIOD:
December 1 – April 1

APPLICATION FOR OPEN ENROLLMENT OR STUDENT TRANSFER

APPLYING FOR: In-District Transfer _____ Out of District Open Enrollment _____

SCHOOL APPLYING TO: _____

SCHOOL YEAR APPLYING FOR: _____

STUDENT INFORMATION:

Last Name: _____ First Name: _____

Date of Birth _____ / _____ / _____ Male Female Entering Grade Level: _____

Street Address: _____ City/State/Zip: _____

PARENT/LEGAL GUARDIAN INFORMATION:

Last Name: _____ First Name: _____

Street Address: _____ City/State/Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

EDUCATION INFORMATION:

Name of school/school district where you live: _____

Name of school student last attended: _____

Please check all special services that this student receives:

Special Education ESL/ELL Gifted

Is the above named student:

Expelled or suspended from any school or district? Yes No If yes, give date:

Currently being considered for expulsion or suspension from a school or district? Yes No

In compliance with conditions imposed by a juvenile court? Yes No N/A

In compliance with a condition of disciplinary action in any school or school district? Yes No N/A

Why do you want your child to attend this school in the Vail School District?

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ADMISSION ELIGIBILITY GUIDELINES:

Please read the following statements carefully and initial in the space provided:

I understand that the following circumstances at a Vail School District school, or any public or private school, may result in denial of admission or permission to transfer, or revocation of previously granted admission or permission to transfer of the above named student:

- Providing false or misleading information to the Vail School District or its staff
- The student is currently under suspension or expulsion, has in the past been suspended or expelled, or has been involved in a series of disciplinary problems
- The student withdrew from a school to avoid possible suspension or expulsion
- The student has a record of excessive absences or trancies
- The student is not in compliance with any condition of disciplinary action imposed by VUSD, any other public or private school, or a juvenile court

Parent/Legal Guardian Initials: _____

ENROLLMENT EXPECTATIONS:

I understand and agree to the following enrollment expectations:

- My student must abide by the Vail School District student conduct policies and the individual school’s rules
- My student must have regular and punctual attendance
- District transportation will not be provided with the exception of students with disabilities whose individualized education program specifies that transportation is necessary for fulfillment of the program
- A violation of admission eligibility or enrollment Expectations may result in denial of admission or permission to transfer in future years, or revocation of previously granted admission or permission to transfer of the above named student

Parent/Legal Guardian Initials: _____

I understand that open enrollment/transfer applications are considered on an annual basis and a separate application must be submitted for each student prior to April 1st every year.

Parent/Legal Guardian Initials: _____

If you are submitting an application for *this* student to more than one VUSD school for the same school year, please list all other schools:

For district personnel only below this line:

_____ Signature of Administrator	Approved <input type="checkbox"/>	Denied <input type="checkbox"/>	Waiting List <input type="checkbox"/>	Date _____
_____ Signature of Releasing Administrator (if in-district)				