

# NON-DISTRICT RESIDENT ENROLLMENT APPLICATION FOR 2020-21

Salida School District R-32-J

*Completion of this form does not guarantee enrollment. The Central Administration Office will make the decision as to whether an application is accepted or rejected based on criteria established in state law and Board policy and regulations.*

*Transportation for open enrollment/non-resident students is the responsibility of the parent/guardian.*

---

Please print legibly, one application per household

## HOUSEHOLD INFORMATION

Parent's Name \_\_\_\_\_ Parent's Phone # \_\_\_\_\_

Physical Address \_\_\_\_\_ City, Zip \_\_\_\_\_

Parent's Email Address \_\_\_\_\_

## STUDENT INFORMATION

NAME	REQUESTED SCHOOL	2020 GRADE	ON 504 PLAN?	ELIGIBLE FOR SPECIAL ED?
			Y N	Y N
			Y N	Y N
			Y N	Y N
			Y N	Y N
			Y N	Y N

I verify that the information provided is accurate and true to the best of my knowledge. I further understand that providing false or incomplete information may delay enrollment or may result in my student's enrollment being revoked (terminated) at a later time.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

---

*For school use only – do not write below line*

Date Rec'd \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Reason for denial \_\_\_\_\_

Determining Official \_\_\_\_\_ Date \_\_\_\_\_