

Application for Open Enrollment

Grades K-12

2017-2018

Santa Cruz City Schools

Directions: Applications for 6-12 grade Open Enrollment will be accepted January 20 - Feb. 15. Applications for K-5 Open Enrollment will be accepted Feb. 27 – Mar. 15. Applications must be received at the Office of Student Services, Santa Cruz City Schools, 405 Old San Jose Road, Soquel, CA 95073 or Faxed: 429-3450 **by 5:00 pm on Feb 15 (secondary) or March 15 (elementary)** For elementary students, you must first enroll the student in the school of your attendance area, obtain the principal or designee's signature, and bring or mail the application to the Office of Student Services. If you have questions, please call 429-3410 ext. 215

_____ Male Female
 Last Name _____ First Name _____ M. I. _____ Date of Birth _____

I hereby request that my student be permitted to attend _____ School in grade _____ for the 2017-2018 school year.

I am applying for the Two Way Immersion Program (Kinder and 1st grade only) Yes No Home Language _____

The student currently attends _____ in grade _____ or is pre-K

Check box if student is in Special Education Program and indicate: RSP SDC Speech Other: _____
 Current Special Education teacher _____

Reason for requesting Open Enrollment (Required):

- You have moved and you want your student to remain in the same school he/she currently attends.
- The student has a sibling attending the requested school. Please list
 Name _____ and grade level _____ of sibling 2017-18
- The student is a child of a permanent Santa Cruz City Schools District employee who lives in the district. Please list
 Name _____ and work site: _____
- The requested school is closer to my home.
- Other _____

Are you currently playing on a high school athletic team? Yes No

Parent/guardian **must initial** on the lines to indicate understanding of stipulations regarding Open Enrollment Process:

- _____ It is understood that any open enrollment may be rescinded, up to 20 days after the start of the school, if a student currently residing in the attendance area arrives and would be otherwise displaced.
- _____ It is understood that once Open Enrollment is accepted, the student must attend the requested school for **1 semester** at the secondary level and **1 year** at the elementary level before applying for another Open Enrollment transfer - even back to the school of residence.
- _____ It is understood that if an Open Enrollment transfer is approved, transportation **will not be** provided by the school district.
- _____ It is understood that Open Enrollment approvals are subject to review and may be revoked for poor attendance or discipline issues.
- _____ It is understood that approval of Open Enrollment application, when space is available, is based upon the following priorities:
 - (1) Students who have moved out of the school attendance area, but wish to remain at the same school.
 - (2) Students who have a sibling who has previously and will still be attending the requested school in 2017-18.
 - (3) Children of district employees who live in the district.

I hereby certify that I understand and agree to the conditions outlined herein:

 Signature of Parent/Guardian _____ Date _____ Print Name of Parent/Guardian _____

 Street Address _____ Apt. # _____ City _____ Zip Code _____

 Home Phone _____ Email Address _____ Cell Phone _____

FOR OFFICE USE ONLY

Principal Signature of school of residence (**Elementary Only**) _____ Date _____

School of Residence: _____ Current School: _____

Date **Approved:** _____ Date **Denied:** _____ Date **Declined:** _____

Student Services Signature: _____