



Horseshoe Bend School District #73 Open Enrollment Application Form

(Form must be returned to the school by Feb 1 for priority enrollment)

Applicant Student's Legal Name: _____

Date of Birth: _____ Male Female Grade Level: _____

School Presently Attending (include city/state): _____

Reason for requesting to attend this school (mark all that apply):

- Sibling(s) Currently Attend Unhappy at Previous School Friends Attend
- Educational Programs Proximity to Parent's Employment Proximity to Home

Special or unique instructional program needs (mark all that apply):

- IEP / 504 Gifted and Talented English Learner
- Other (describe) _____

Has the student ever been suspended or expelled from school? Yes No

If yes, please describe the circumstances: _____

Parents are responsible for transporting student to school. If residence is on an existing bus route, student may ride the bus to/from school. Transportation arrangements: _____

Parent/Guardian Information

Name: _____

Address: _____

Email Address: _____ Work Phone: _____ Cell: _____

By signing below, I acknowledge that my child, if his/her application is approved, may be removed from school at any time because of unacceptable behavior, false or misleading information on the Open Enrollment Application Form, lack of academic progress, poor attendance, or other circumstances which interfere with the learning environment as determined by the Superintendent or designee.

Parent/Guardian Signature: _____ Date: _____

 Approved Denied Reason for Denial: _____

Administrator Signature: _____ Date: _____