

Pocatello/Chubbuck School District No. 25  
**INCOMING 9<sup>TH</sup> GRADE OPEN ENROLLMENT APPLICATION**  
**DUE February 1, 2019 to the District Office or School Registrar**

Date \_\_\_\_\_  IN DISTRICT  OUT OF DISTRICT Please Print

Student's Legal Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Parent/Guardian Address \_\_\_\_\_

Phone Number (Home) \_\_\_\_\_ Cell \_\_\_\_\_

Boundary High School: \_\_\_\_\_ School Presently Attending: \_\_\_\_\_

Requested High School: \_\_\_\_\_

Is the student enrolled in Special Services? No  Yes  (if yes, Special Ed Director Signature required)

***Open Enrollment in a district school is a privilege we agree to extend to your student under the following conditions:***

- 1) Parent accepts full responsibility for transporting students to and from school each day.
- 2) Regular attendance is required. No more than 6 absences per class may occur within a trimester without documented extenuating circumstances.
- 3) School rules and procedures are followed with no major discipline violations.
- 4) Grades must be maintained at a "C" level or higher. No credits should be lost.
- 5) Parent contact information is kept updated.

**\*\*\*If received by February 1, 2019 and approved, this open enrollment will not impact the student's athletic/activity eligibility\*\*\***

I accept these conditions and understand the receiving school and District No. 25 maintain the right to review and rescind the enrollment if any of the conditions are not consistently met. **If the enrollment is rescinded, I will be required to attend my boundary high school as defined by District boundaries.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

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

\*\*\*\*\*

**Date Received: \_\_\_\_\_ Address Verified : \_\_\_\_\_ (Initials)**

Receiving School Administrator \_\_\_\_\_ Date \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_

Director of Secondary Education \_\_\_\_\_ Date \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_

Director of Special Education \_\_\_\_\_ Date \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_