

VAIL SCHOOL DISTRICT NO. 20  
13801 E. Benson Highway, Vail, Arizona 85641  
520-879-2000

\_\_\_\_ Out of district  
\_\_\_\_ In district

**DEADLINE – April 3, 2017**

**STUDENT TRANSFER REQUEST FORM FOR 2017/2018**  
(Please use ink)

**A separate form MUST be completed for each student every year. Return this form to the school you are requesting admission to.**

Name of Student: \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_ Grade: \_\_\_\_\_

Name of Parent or Legal Guardian: \_\_\_\_\_

Address of Parent or Legal Guardian: \_\_\_\_\_  
(Street)

City/Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name of school/school district where you live: \_\_\_\_\_

Name of school student last attended: \_\_\_\_\_

Name of school requesting permission to attend: \_\_\_\_\_

Please check all special services that this student receives:

Special Education

ESL/ELL

Gifted

Is the above named child:

Yes  No expelled or suspended from any school or district? If yes, give date: \_\_\_\_\_

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

Yes  No  N/A 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?

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list all schools to which this student is applying for open enrollment for the 2017/2018 school year.

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Administrator Approved  Denied  Waiting List  Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Releasing Administrator (if in-district)

Open Enrollment Application (page 2)

NAME OF STUDENT: \_\_\_\_\_

Please provide what insights you can about your child in the following areas:

- Academic strengths:
  
- Academic weaknesses:
  
- Extracurricular involvement:
  
- Peer relationships/ Student Behavior:

**STATEMENT OF UNDERSTANDING**

My child and I understand that the Vail School District maintains high expectations for student achievement and behavior. This may include my child being placed into reteach classes, needing to attend afterschool tutoring, and/or being required to attend intersession classes in order to progress academically. (See attached Raising Expectations document.)

My child and I understand that he/she is expected to abide by the rules, standards, and policies of the school and the District if allowed to enroll.

We understand that open enrollment is granted on a year-to-year basis based on the availability of space at each school. We also understand that completing a yearly open enrollment application is required for my child to be considered for open enrollment in the Vail School District.

We certify that all of the information we have provided is true and correct. We understand that if any of the information on this form is false, the student may be withdrawn from school. We also understand that transportation will not be provided by the school district.

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

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(grades 6 -12)