

# NON-DISTRICT RESIDENT APPLICATION

## Salida School District R-32-J

*Completion of this form does not guarantee enrollment. Each school principal 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.*

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**Please print legibly, one application per student**

### STUDENT INFORMATION

Student's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

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

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

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

Do you live in the Salida School District?      Y    N      If not, what school district? \_\_\_\_\_

Is student eligible for special education services?      Y    N      If so, what services? \_\_\_\_\_

Does student have a 504 Plan?      Y    N      School records are at (school and/or district): \_\_\_\_\_

### DESIRED SCHOOL INFORMATION

Requested School \_\_\_\_\_ For School Year \_\_\_\_\_

What grade will your child be in? \_\_\_\_\_

Will a currently open enrolled sibling be attending during the same school year?      Y    N      Name/Grade \_\_\_\_\_

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

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

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

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

Receiving Principal \_\_\_\_\_ Date \_\_\_\_\_