

**FLAGSTAFF UNIFIED SCHOOL DISTRICT NO. 1.
BOUNDARY EXCEPTION APPLICATION**

According to Arizona State Law, out of boundary exceptions will be approved only if space or program is available at the receiving school. All rules pertaining to the Arizona Interscholastic Association will be strictly enforced and students must understand the rules of eligibility before signing this agreement. It is a strong recommendation that in-district transfers happen at natural grading breaks (quarter, semester). Attendance and discipline files will follow the student to the receiving school and are cumulative throughout the student's high school career.

The following conditions apply to the Boundary Exception Program:

1. If you intend for your student(s) to attend a school outside of your residence attendance area, a Boundary Exception Application should be completed by April 30 for PRIORITY enrollment during the following year. Applications received after this date will be acted on in the order received as capacity allows.
2. Enrollment is subject to the capacity limit established for the school and/or its grade levels.
3. Parents or Legal Guardians must agree to provide transportation to the receiving school except as provided by law.
4. A student's athletic eligibility does not automatically transfer to the receiving school after 9th Grade. Students must apply separately for transfer of athletic eligibility.
5. Providing false information on this form may result in the application being denied or admission being revoked.

I have read and understand the above conditions and I will support these conditions in order to receive permission to attend the school outside my home attendance area. This signatory affirms that the student will abide by the rules, standards and policies of the school and the District if enrolled.

Signature of Parent/Legal Guardian _____
Date

Student Name: _____ **DOB:** _____
Last, First M.I. MM/DD/YYYY

Parent/Legal Guardian Name: _____
Last, First M.I.

Home Address: _____, _____ AZ _____
Street City Zip

Home/Cell #: _____ **Work #:** _____

Name of Previous School Attended: _____ **GRADE:** _____
If outside FUSD: Address, City, ST, Zip

Name of School you wish to Attend (Rec. School): _____ **GRADE:** _____

Is the above named student:

Currently subject to expulsion from a school or school district?	Yes	No	
In compliance with conditions imposed by a juvenile court?	Yes	No	N/A

***** **FOR DISTRICT USE ONLY DO NOT WRITE BELOW THIS LINE** *****

Student Number: _____ **Filing Date:** _____ **Incoming Sch. Year:** _____
Accepted Placed on Waiting List Rejected Reason: _____

Receiving School Principal Signature: _____ Date: _____

Date Applicant was notified: _____ By: _____

COPY SENT TO: *Previous FUSD School* *Receiving School* *Student* *Student's File*