



## Washington County School District Open Enrollment Letter of Acceptance

School \_\_\_\_\_ Approved school year \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

1. I understand that by signing this Letter of Acceptance I am committing my student to attend the above named school for the entire school year. Enrollment at any other school within the Washington County School District will not be permitted. In addition, I understand the following:

- a. Transportation to and from school is the parent's responsibility.
- b. Utah High School Activities Association (UHSAA) guidelines and policies apply relative to transfer students in grades 9 - 12 who participate in athletics and activities. It is the duty of the student and parent to understand the policies and ensure the student is eligible to participate in UHSAA sanctioned activities. An approved transfer does NOT indicate the student is UHSAA eligible. Application for eligibility is a separate process. The question of UHSAA eligibility must be answered before the student tries out or participates with any UHSAA sanctioned team, activity or event.

2. I understand that my student shall be permitted to attend the school in subsequent years unless one of the following occur:

- a. The student graduates.
- b. The student is no longer a Utah resident.
- c. A student that is suspended or expelled from school may be required to return to his/her resident school following the suspension or expulsion.
- d. It is determined that the school will exceed its open enrollment threshold in subsequent years. In such cases, the student will be notified prior to March 15 of the current school year that he/she will be required to return to his/her school of residence.
- e. In elementary schools, the approved application is for the current grade (school year) only. The parent/legal guardian must re-apply for subsequent years.
- f. In secondary schools, the approved application is for all grades in the feeder system.

3. I understand that falsification or intentional misrepresentation on my part or by my student in conjunction with this request will result in the student being un-enrolled from the Washington County School District.

Name of Parent or Guardian (Please print) \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

Revised May 2024