



2017-2018 OPEN ENROLLMENT APPLICATION (6th-12th grades)

Andersen Junior, ACP-Oakland, and Basha AMS 6th grade students will use this application.

Applications will not be accepted by fax or e-mail.

IMPORTANT INFORMATION

- A completed application for each student may be submitted beginning the second Monday of January to the school or the District office.
- Applications for initial open enrollment acceptance will be considered on a first-come, first-served basis, within each enrollment priority group. If program or service is at capacity based on current enrolled students, a wait list may be generated.
- The parent/legal guardian will be notified of the decision by phone, mail and/or e-mail as promptly as possible upon receipt of an application.
- Applications may be denied due to school, grade level, or to special program enrollment limitations.
- Transportation will **NOT** be provided by the district, except as set forth in A.R.S. §15-816.
- Excessive absences, tardiness or negligence by the parent/legal guardian in sending the child to school may result in the student's open enrollment being revoked.
- The parent/legal guardian must notify school personnel immediately when there is a change in address, home or emergency contact.
- **Grade 9th-12th ONLY:** Eligibility for athletics and certain extracurricular activities may be affected when students transfer from one school to another. A student considering transferring is advised to discuss his/her situation with the Athletic Director at the site of current enrollment.

STUDENT INFORMATION

Grade Request: 6 7 8 9 10 11 12

Last Name

First Name

M.I.

Student ID #

Date of Birth

Female

Male

School **currently** attends or most **recently** attended:

School **should** attend:

School telephone number (mandatory for grades 7th-12th):

If 9th-12th grader, how many credits has student earned?

If new to CUSD, ALL requests must have the most recent grade report or transcript, attendance and discipline report attached.

Has the student ever been suspended or expelled from a school? Yes No

Is the student currently under suspension or expulsion or in the process of being suspended or expelled from another school? Yes No

Is the student currently being supervised by a juvenile court? Yes No

OPEN ENROLLMENT SCHOOL CHOICE

School Name:

Was student granted transfer request for this school last year? Yes No N/A

Has a sibling also applied for open enrollment to this school? Yes No N/A

Sibling's Name

Grade

Sibling's Name

Grade

Sibling's Name

Grade

If sibling is in a special program, please list here: _____

REASON FOR YOUR REQUEST

Family Moved/Requesting Continued Enrollment

Proximity to Work

General Academic

Special Education Program

Parent/Legal Guardian Works at Site

Other: _____

Proximity to Home

Please explain your request:

Open Enrollment Application continued

Last Name: _____ First Name: _____ M.I.: _____

SPECIAL PROGRAMS

Please complete the following information to help us plan a program for your student.

My child **HAS NOT participated** in any special programs.

My child **HAS participated** in or **WILL NEED to participate** in the program(s) or receive the services listed below:

English Language Learner

Gifted Previously identified in CUSD? Yes No If no, what district? _____

Pending testing results Has student registered for testing? Yes No

Section 504 student with a disability (Attach current Accommodation Plan if **new to CUSD.**)

Special Education (Attach IEP and psychoeducational report if **new to CUSD.**) Please specify below all special education services that apply:

Adaptive Physical Education

Physical Therapy

Specialized Transportation (per IEP)

Assistive Technology

Resource

Speech/Language Therapy

Hearing Impairment

Special Class (self-contained)

Vision Impairment

Occupational Therapy

Special Education Preschool

PARENT/GUARDIAN COMPLETING APPLICATION

Parent/Guardian Name: _____ Cell Phone: _____ Home Phone: _____

E-mail Address: _____

Is either parent/guardian a Chandler Unified School District Employee? If so, list name and site. _____

ADDRESS WHERE CHILD RESIDES

Parent/Guardian Name _____

Street Address _____

City _____ State _____ Zip _____

Providing false information on this application or submitting multiple applications will result in the application(s) being denied or admission being revoked. The parent/legal guardian signing this application affirms that the student seeking enrollment will abide by the rules and regulations that govern students at the school where the student seeks enrollment. Excessive absences, tardiness or negligence by the parent/legal guardian in sending the student to school may result in loss of the student's open enrollment. Failure to comply with school and district rules could lead to revocation of open enrollment status.

By signing this document, you are affirming your understanding that you are responsible for transporting your child to and from school and guaranteeing his or her attendance on a regular basis. If approved, the exemption applies to the school year requested only. It is expected that the student on an open enrollment remain at the requested school for the entire school year. Revoking an open enrollment requires district approval. **A live signature is required. Please print application to sign.**

Parent/Legal Guardian Signature Date

FOR OFFICE USE ONLY			Date/Time Stamp
Date Received: _____	Time Received: _____	Received By: _____	
Priority <input type="checkbox"/>	<input type="checkbox"/> Approved Once accepted, continuing open enrollment is subject to review each year without reapplication if continuing at enrolled site.		
<input type="checkbox"/> Denied			
Administrator Signature: _____		Date: _____	