



# 2016-2017 OPEN ENROLLMENT APPLICATION (6th-12th grades)

*\*AJHS, 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. 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="text"/>	<input type="checkbox"/> Approved <b>Once accepted, continuing open enrollment is subject to review each year without reapplication if continuing at enrolled site.</b>		
<input type="checkbox"/> Denied			
Administrator Signature: _____		Date: _____	