



2015-2016 ELITE PERFORMANCE ACADEMY APPLICATION (Grades 3-8)

*A program of the Chandler Unified School District located
at Chandler Christian Campus, 1825 South Alma School Road, Chandler, AZ 85286*

E-fax application to: 480-224-9058
E-mail application to: padilla.thuy@cusd80.com
Mail or hand deliver application to: CUSD #80 | 1525 West Frye Road, Chandler, AZ 85224
For additional questions, please call 480-812-7612.

STUDENT INFORMATION

Grade Request: 3 4 5 6 7 8

Last Name

First Name

M.I.

Date of Birth

Female Male

School currently attends or most recently attended:		Phone	Fax
Address	City	State	Zip

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

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

SPECIAL SERVICES

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

Yes No Does or has your child ever received any Special Education Services? If yes, what services? _____

Yes No Does your child have an IEP? If yes, what areas does it address? _____

Yes No Does or has your child ever received any English as a Second Language (ELL) services?

Yes No Does your child have a 504 Accommodation Plan? If yes, what is it for? _____

GYM/STUDIO/CENTER AFFILIATION

Gym/Studio/Center Name	Daily Practice Times	Coaches Name

Who will be picking student up from practice? _____

Gym/Studio/Center Owner Signature: _____

Date: _____

EPA Application continued

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

What would you like us to know about your child?

How did you hear about the program?

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/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 enrollment. Failure to comply with school and district rules could lead to revocation of enrollment status.

By signing this document, you are guaranteeing your child's 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 Received: _____ Time Received: _____ Received By: _____

Priority

Approved **Acceptance is on a year-by-year basis and subject to re-application and review each year.**

Denied

Administrator Signature: _____ Date: _____

Date/Time Stamp