

Chandler Unified School District #80 | 1525 West Frye Road, Chandler AZ 85224 | (480) 812-7000

## 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: O 6	○7	8 (	<b>9</b>	◯10	<b>_11</b>	<b>12</b>					
								7			Female
Last Name		[	First Name			M.I.	M.I. Student ID # Date of Birth			h Male	
School currently attends or most recently attended:						School should attend:					
School telephone number (m	andatory for g	rades 7th-1	2th):								s must have
If 9th-12th grader, how man	y credits has s	tudent earn	ed?						•	de report o pline report	or transcript,
Has the student ever been su	spended or ex	pelled from	a school?	? OYes	◯No						
Is the student currently under process of being suspended of				⊖Yes	◯No	ls the studer by a juvenile	nt currently being court?	supervis	sed OYes	No	
OPEN ENROLLMENT SC	HOOL CHOI	CE									
School Name:					-		r request for this r open enrollmer		. 0	Yes () No Yes () No	○N/A ○N/A
Sibling's Name	9	Grade		Si	ibling's Nan	ne	Grade		Sibling	g's Name	Grade
If sibling is in a special pro	gram, please	ist here:									
REASON FOR YOUR REG	QUEST										
Family Moved/Requesting Continued Enrollment					Proximity to Work						
General Academic					Special Education Program						
Parent/Legal Guardian Works at Site					I	Other:					
Proximity to Home											
Please explain your request:											

Open Enrollment Application conti	nued
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City

Open Enrollment Application continued	Last Name:	First Nam	e:	M.I.:		
SPECIAL PROGRAMS						
Please complete the following information to help us plan a p	program for your student.					
My child HAS NOT participated in any special program	ns.					
My child HAS participated in or WILL NEED to partici	pate in the programs(s) or receive the	services listed below:				
English Language Learner						
Gifted OPreviously identified in CUSD?	Yes No If no, what distr	ict?				
O Pending testing results Has stu	ident registered for testing?	es 🔄 No				
Section 504 student with a disability (Attach currer	nt Accommodation Plan if new to CUS	D.)				
Special Education (Attach IEP and psychoeducation	onal report if <u>new to CUSD.</u> ) Please s	pecify below all special edu	cation services th	at apply:		
Adaptive Physical Education	O Physical Therapy	$\bigcirc$ s	O Specialized Transportation (per IEP)			
Assistive Technology	◯ Resource	$\bigcirc$ s	Speech/Language Therapy			
<ul> <li>Hearing Impairment</li> </ul>	Special Class (self-contained		◯ Vision Impairment			
Occupational Therapy	O Special Education Preschool					
PARENT/GUARDIAN COMPLETING APPLICATION						
Parent/Guardian Name:	Cell Phone:		Home Phone:			
E-mail Address:			L			
Is either parent/guardian a Chandler Unified School District I	Employee? If so, list name and site.					
ADDRESS WHERE CHILD RESIDES						
Parent/Guardian Name		_				
Street Address		_				

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.

Zip

State

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/Lega	I Guardian Signature	Date	
		FOR OFFICE USE ONLY	D	ate/Time Stamp
Date Received:	Time Received:	Received By:		
Priority				
Approved Once ac	cepted, continuing open enro	llment is subject to review each year wit	hout reapplication if conti	nuing at enrolled site.
Denied				
Administrator Signature:		Date:		