



# 2023-2024 OPEN ENROLLMENT APPLICATION (6th\*-12th grades)

*\*In addition to 7th-12th secondary students, Andersen Junior and Basha AMS 6th grade students will use this application.*

*ACP Middle School applications are submitted through an online application process. See ACP Middle School's website for more information.*

## IMPORTANT INFORMATION

- A completed application for each student may be submitted beginning the second Monday of January to the secondary school of choice 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.
- 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.

**Providing false information on this application or submitting multiple applications will result in the application(s) being denied or admission being revoked.**

## 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:

Boundary school:

Current school telephone number (if non-CUSD school):

***If not currently attending a CUSD school, 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**

## OPEN ENROLLMENT SCHOOL CHOICE

School Name:

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

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Sibling's Name	Grade	Sibling's Name	Grade	Sibling's Name	Grade

## REASON FOR YOUR REQUEST

- |   |  |
|---|--|
| <input type="checkbox"/> Family Moved/Requesting Continued Enrollment | <input type="checkbox"/> Proximity to Work         |
| <input type="checkbox"/> General Academic                             | <input type="checkbox"/> Special Education Program |
| <input type="checkbox"/> Parent/Legal Guardian Works at Site          | <input type="checkbox"/> Other: _____              |
| <input type="checkbox"/> 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 **CURRENTLY participates** in or **WILL NEED to participate** in the programs(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 Resource

Speech/Language Therapy

Assistive Technology

Resource

Vision Impairment

Hearing Impairment

Special Class (self-contained)

Occupational Therapy

Specialized Transportation (per IEP)

**PARENT/LEGAL GUARDIAN COMPLETING APPLICATION**

Parent/Legal Guardian Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

**ADDRESS WHERE CHILD RESIDES**

Parent/Legal 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. Grades and behavior may also effect open enrollment application status. 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.**

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Time Received: \_\_\_\_\_ Received By: \_\_\_\_\_

Priority

Approved **Once accepted, continuing open enrollment is subject to review each year without reapplication if continuing at enrolled site.**

Denied

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date/Time Stamp