

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

## 2025-2026

## **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 November 12, 2024 to the secondary school of choice or the District office. Email is recommended.
- 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 08	<b>○</b> 9 <b>○</b> 10	<u></u>	<u> </u>				
								Female
Last Name		F	First Name		M.I.	Student ID#	Date of Birth	Male
School <u>currently</u> attends or mo	st <u>recently</u> attended:			E	Boundary school:			
_	y attending a	CUSD school		•		– — – e the most		grade -
report or trans		ice and discip — — —	olirie repol	n allache 	a. - —	—		
Has the student ever been sus	pended from school?	Yes No	Has the	e student ever l	been expelled from	school? Yes	No	
Is the student currently under s				Yes	No			
Is the student currently under e	xpulsion or in process of	of being expelled from	n school?	Yes	No			
OPEN ENROLLMENT SCHO	OL CHOICE							
School Name:		Has	s a sibling also	applied for ope	en enrollment to thi	is school? Yes	No	N/A
Sibling's Name	Grade		ibling's Name		Grade	Sibling's I	Name	Grade
REASON FOR YOUR REQU	EST		, and the second					
Family Moved/Requesting (					Proximity to Work			
General Academic				Special Education Program				
Parent/Legal Guardian is a CUSD Employee				Other:				
Proximity to Home								
Please explain your request:								

Peace 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 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   Programs	Open Enrollment Application continued	Last Name:	First Name:	M.I.:
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	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   Gifled   Previously identified in CUSD2   Yes   No   If no, what district?   Pending besting results   Has student registered for testing?   Yes   No     Section 50 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   Special Language Therapy     Assistive Tachnology   Resource   Special Class (self-contained)     Occupational Therapy   Special Class (self-contained)     Occupational T	Please complete the following information to help us plan a	program for your student.		
English Language Learner	My child HAS NOT participated in any special progra	ims.		
Gifted   Previously identified in CUSD?   Yes   No   If no, what district?   Yes   No   Section 504 student with a disability (Atlanch current Accommodation Plan if new to CUSD.)   Section 504 student with a disability (Atlanch current Accommodation Plan if new to CUSD.)   Special Education (Atlanch IEP and psychoeducational report if new to CUSD.)   Plansas specify below all special education services that apply:   Adaptive Physical Education   Physical Tineav to CUSD.)   Plansas specify below all special education services that apply:   Assistive Technology   Assistive Technology   Resource   Special Class (self-contained)   Physical Tineavy Resource   Special Class (self-contained)   Plansing Impairment   Special Class (self-contained)   Parentil Legal Guardian Name   Cell Phone:   Home Phone:   Parentil Legal Guardian Name   Cell Phone:   Home Phone:   Parentil Legal Guardian Name   Street Address:   Self-contained   Parentil Legal Guardian Name   Street Address   City   State   Zip   Providing false information on this application or submitting multiple applications will result in the applications that govern students at the school where the student seeking enrollment will abide by the rules and regulations that govern students at the school where the student seeking enrollment will abide by the rules and regulation in any result in the subdent seeks and behavior may also effect open enrollment application application will be application and parentilespil pic or he settled response to the school year reposable for transporting your children on an Open Enrollment sealus.  By signing this document, you are affirming your understanding that you are reposable for transporting your children on an Open Enrollment sealus.  By signing this document, you are affirming your understanding that you are reposable for transporting your children on an Open Enrollment sealus.  By signing this document, you are affirming your understanding that you are seposable for transporting your children on an Open Enrollment sealus.	My child CURRENTLY participates in or WILL NEED	to participate in the programs(s) or re-	ceive the services listed below:	
Percent Legal Guardian Name:    Parent Legal Guardian Name:   Cell Phone:   Home Phone:	English Language Learner			
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   SpeechLanguage Therapy     Assistive Technology   Resource   Vision Impairment   Special Class (self-contained)     Occupational Therapy   Special Education   Physical Therapy Resource   Vision Impairment   Special Class (self-contained)     Occupational Therapy   Special Education   Physical Therapy Resource   Vision Impairment   Special Class (self-contained)     Occupational Therapy   Special Education   Physical Therapy Resource   Vision Impairment   Phone	Gifted Previously identified in CUSD?	Yes No If no, what district?		
Special Education (Attach IEP and psychoeducational report if new to CUSD.) Please specify below all special education services that apply:  Adaptive Physical Education	Pending testing results Has st	tudent registered for testing?	es No	
Adaptive Physical Education   Physical Therapy Resource   Speech/Language Therapy   Assistive Technology   Resource   Vision Impairment   Special Class (self-contained)   Home Phone:  Email Address:    Special Class (self-contained)   Home Phone:	Section 504 student with a disability (Attach curre	ent Accommodation Plan if <b>new to CUS</b>	D.)	
Assistive Technology Resource Vision Impairment Special Class (self-contained)  Occupational Therapy Special Class (self-contained)  Occupational Therapy Special Class (self-contained)  Occupational Therapy Special Class (self-contained)  Parent/Legal Guardian Name:  Email Address:  Is either parent/guardian a Chendler 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 seeks enrollment. Excesse eabenoes, tardines or negligene by the parent/legal guardian resolution to school may resolute at the school where the student seeks enrollment. Excesse eabence, stardines or negligene by the parent/legal guardian in sending the student to school any restrict speen enrollment crades 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 besis. If approved, the exemption applies to the school year requested only. It's expected that the student on an Open Enrollment remain at the requested school for the entile school year. Revoking an Open Enrollment requires district approval.  ParentLegal Guardian Signature Date	Special Education (Attach IEP and psychoeducat	tional report if <u>new to</u> <b>CUSD.</b> ) Please s	pecify below all special education services	that apply:
Assistive Technology Resource Vision Impairment Special Class (self-contained)  Cocupational Therapy Special Class (self-contained)  Cocupational Therapy Special Class (self-contained)  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 applications that govern students at the school where the student seeks enrollment. Excessive absences, tardiness or negligence by the parent/legal guardian results in sending the student or submitting or neuron for a state of the student or an action of open enrollment seals 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 entite school year. Revoking an Open Enrollment requires district approval.  Parent/Legal Guardian Signature Date	<ul> <li>Adaptive Physical Education</li> </ul>	Physical Therapy Resource		ge Therapy
Hearing Impairment Special Class (self-contained) Occupational Therapy Special Class (self-contained) Occupational Therapy Specialized Transportation (per IEP)  PARENT/LEGAL GUARDIAN COMPLETING APPLICATION  Parent/Legal Guardian Name: Cell Phone: Home Phone: Home Phone: Home Phone:  Brail 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 regulations that govern subdents at the soft on where the student seeks enrollment. Excessed absences, tardiness or negligence by the parent/legal guardian in sending the student to school may result in loss of the students open enrollment recomment. Excessed absences, tardiness or negligence by the parent/legal guardian in sending the student to school may result in loss of the students 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 application and pulses to the school year 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's expected that the student on an Open Enrollment remain at the requested school for the entile school year. Revoking an Open Enrollment regulates district approval.  Parent/Legal Guardian Signature Date  Parent/Legal Guardian Si	Assistive Technology	-	Vision Impairme	ent
PARENT/LEGAL GUARDIAN COMPLETING APPLICATION  Parent/Legal Guardian Name: Cell Phone: Home Phone: Cell Phone: Home Phone: Cell	<ul> <li>Hearing Impairment</li> </ul>			
Parent/Legal Guardian Name:    Cell Phone:	Occupational Therapy	- '		
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	Denied			
Administrator Signature: Date:	Administrator Signature:	Date	ı:	