



OPEN ENROLLMENT APPLICATION

- A completed application for each student may be submitted beginning November 1 to the school of choice or District office.
- Applications for initial open enrollment acceptance will be considered on a first-come, first-served basis, within each enrollment priority group.
- Names of applicants who cannot be accommodated will be placed on a waiting list established for each enrollment priority group
- Applications may be denied due to school, grade level, or 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/guardian must notify school personnel immediately when there is a change in address, home or emergency contact
- **Grade 9-12 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.

Request is for the 20____ - 20____ school year.

Grade Request: K 1 2 3 4 5 6 7 8 9 10 11 12

Name _____ Male ___ Female ___
Last Name First Name M.I. Date of Birth

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? _____

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

School Requested

Was student granted transfer request for this school last year?
 Yes No NA
Has a sibling also applied for open enrollment to this school?
 Yes No NA

Sibling's Name Grade Sibling's Name Grade

If sibling is in a special program, please list here: _____

- | | |
|--|--|
| <input type="checkbox"/> Family Moving/Requesting Continued Enrollment | <input type="checkbox"/> Proximity to Home |
| <input type="checkbox"/> General Academic | <input type="checkbox"/> Proximity to Work |
| <input type="checkbox"/> Parent/Legal Guardian Works at Site | <input type="checkbox"/> Special Education Program |
| <input type="checkbox"/> Proximity to Day Care | <input type="checkbox"/> Other |

Please explain your request: _____

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) to receive the services listed below:
 - English Language Learner
 - Gifted Previously identified in FHUSD? 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 FHUSD.**)
 - Special Education (Attach IEP and Psycho-education report if **new to FHUSD.**) Please specify below all special education services that apply.
 - Adaptive Physical Education Physical Therapy Specialized Transportation (per IEP)
 - Assistive Technology Resources Speech/Language Therapy
 - Hearing Impairment Special Classes (self-contained) Vision Impairment
 - Occupational Therapy Special Education Preschool

Parent/Guardian Name: _____ Cell Phone _____ Home Phone _____

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Is either parent/guardian a Fountain Hills Unified School District Employee? If so, which site? _____

Email Address: _____

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 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 request only.

Parent/Legal Guardian Signature _____

Date _____

FOR DISTRICT USE ONLY * DO NOT WRITE BELOW THIS LINE

- Accepted Placed on Waiting List Rejected

If rejected, please state reason _____

Principal's Signature _____ Date _____

Copies sent by school to applicant and Superintendents Office _____ Date sent _____