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### OPEN ENROLLMENT APPLICATION

This is a request for school year **2020- 2021** (Valid for One School Year Only)

Student's Name: \_\_\_\_\_ Current Grade Level: \_\_\_\_\_

Male  Female Date of Birth: \_\_\_\_\_ 2020-2021 Year's Grade Level: \_\_\_\_\_

Name of Parent/Legal Guardian: \_\_\_\_\_

PHYSICAL Address of Parent/Legal Guardian: \_\_\_\_\_ City/Zip: \_\_\_\_\_

MAILING Address of Parent/Legal Guardian: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Name of school/school district student **currently** attends: \_\_\_\_\_

Please circle all that apply: **Regular Education** **Special Education** **ELS/ELL** **Gifted** **504**

Is the above named child:

1. Expelled or suspended from **any** school or district?  Yes  No If yes, give date: \_\_\_\_\_
2. Currently being considered for expulsion or suspension from a school or district?  Yes  No
3. In compliance with conditions imposed by a juvenile court?  Yes  No  N/A
4. In compliance with a condition of disciplinary action in any school or school district?  Yes  No  N/A

**Reason for Requesting Transfer: (If more detail is needed, please attach separate sheet.)**

Does the child have any siblings currently attending or seeking to attend an AVSD school?  No  Yes  
If "Yes", please list their names and which schools they attend/seek to attend: \_\_\_\_\_

**I fully understand that the student named above will abide by the rules, standards and policies of the school and the district if allowed to enroll. Failure to comply with these rules could lead to revocation of open enrollment status. I also understand that if any of the information on this form is false, the student may be withdrawn from school. By signing this document you are affirming your understanding that you are responsible for transporting your child to and from school and guaranteeing his/her attendance on a regular basis.**

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

**FOR SCHOOL USE ONLY**

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent Signature

\_\_\_\_\_  
Date

Approved  Denied

Comments: \_\_\_\_\_