

Casa Grande Union High School District #82

1362 North Casa Grande Ave. | Casa Grande, AZ 85122 | (520) 316-3360 | www.cguhsd.org

Open Enrollment Application



Date of Application: _____ (Form due for consideration on or before **April 15th**)

SCHOOL YOU REQUESTING OPEN ENROLLMENT TO ATTEND: _____

FOR SCHOOL YEAR: 20 ____ **- 20** ____ (If approved, the exemption applies to the academic year requested only)

Student's Name: _____

Male Female Date of Birth _____ Grade _____ Student ID _____

Student lives with (name) _____ Relationship to student _____

Physical Address: _____

Mailing Address: _____
(If different from physical address)

Home phone: _____ Work phone: _____ Cell phone: _____

Were you granted an open enrollment request for this school last year? Yes No

REASON FOR REQUEST (Required): _____

School student **SHOULD BE** attending: _____

Yes No 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?

School's telephone number: () _____ (mandatory for grades 9-12).

Non resident 9-12th grade requests must have the most recent report card attached.

If in grade 9-12, how many credits has student earned? _____

Has a sibling also applied for open enrollment to this school? Yes No

If yes, list sibling(s) & grade(s) _____

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

Please complete the following information. This will be helpful in planning a program for your child.

My child **HAS** participated in or **WILL NEED** to participate in the program(s) or receive the services listed below:

Gifted (Please check one) previously identified

ELL (Please check one) Pending testing results

Reading (Please check one) previously identified

 Pending testing results

Section 504 student with a disability (needs a current Accommodation Plan)

Special Education (Attach IEP and psycho educational evaluation report if non-resident)

Please specify below all special education services that apply:

Adaptive Physical Education Occupational Therapy

Speech/Language Therapy Special Class (self-contained)

Resource Vision Impairment

Physical Therapy Hearing Impairment

Specialized Transportation (per an IEP)

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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.

Signature _____ Date _____

Providing false information on this form will result in the application 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. Failure to comply with school and district rules could lead to revocation of open enrollment status.

| FOR OFFICE USE ONLY | |
|--|--|
| <input type="checkbox"/> Transfer Request Approved | Priority Group Assignment (1-5) <input type="checkbox"/> |
| <input type="checkbox"/> Transfer Request NOT Approved | |
| Reason Denied: _____ _____ | |
| Signature of Authorizing Administrator _____ Date _____ | |
| Acceptance is on a year-to-year basis and subject to reapplication and review each year. | |
| <input type="checkbox"/> Director of Student Services Approval (if applicable): | |