

2025-2026 OPEN ENROLLMENT APPLICATION



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 email by April 15, 2025.
- 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.
- 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: ☐ 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-CGUHSD school):

If not currently attending a CGUHSD school, ALL requests must have the most recent grade report or transcript, attendance and discipline report attached.

Has the student ever been suspended from school? ☐ Yes ☐ No

Has the student ever been expelled from school? ☐ Yes ☐ No

Is the student currently under suspension or in process of being suspended from school? ☐ Yes ☐ No

Is the student currently under expulsion or in process of being expelled from school? ☐ Yes ☐ No

OPEN ENROLLMENT SCHOOL CHOICE

School Name: Select School

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

Sibling's Name

Grade

Sibling's Name

Grade

Sibling's Name

Grade

REASON FOR YOUR REQUEST

☐ Family Moved/Requesting Continued Enrollment

☐ General Academic

☐ Parent/Legal Guardian is a CGUHSD Employee

☐ Proximity to Home

☐ Proximity to Work

☐ Special Education Program

☐ Other: _____

Please explain your request:

over

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 CGUHSD ☐ 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 CGUHSD**.)☐ Special Education (Attach IEP and psychoeducational report if **new to CGUHSD**) 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 CGUHSD 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