

Casa Grande Union High School District #82

1362 North Casa Grande Ave. | Casa Grande, AZ 85222 | (520) 316-3360

Open Enrollment Application



Student's Name _____

Street Address _____

Male Female Date of Birth _____ Student ID# _____

Student lives with (name) _____ Relationship to student _____

Home phone () _____ Work Phone () _____ Cell phone () _____

This is a request for school year 20 _____ - 20 _____ (one school year only) Grade _____

Were you granted a transfer request for this school last year? Yes No

Name of school you wish to attend: _____

Reason for request _____

Name of school you **should be** attending: _____

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

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

If 9th - 12th grader, 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 NOT participated in any special program.

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

- | | |
|---|--|
| <input type="checkbox"/> Gifted (Please check one) | <input type="checkbox"/> Previously identified |
| <input type="checkbox"/> ELL (Please check one) | <input type="checkbox"/> Pending testing results |
| <input type="checkbox"/> Reading (Please check one) | <input type="checkbox"/> Previously identified |
| | <input type="checkbox"/> Pending testing results |
| | <input type="checkbox"/> Previously identified |
| | <input type="checkbox"/> 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:

- | | |
|--|---|
| <input type="checkbox"/> Adaptive Physical Education | <input type="checkbox"/> Occupational Therapy |
| <input type="checkbox"/> Speech/Language Therapy | <input type="checkbox"/> Special Class (self-contained) |
| <input type="checkbox"/> Resource | <input type="checkbox"/> Vision Impairment |
| <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Hearing Impairment |
| <input type="checkbox"/> Specialized Transportation (per an IEP) | |

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?

-over-

Casa Grande Union High School District #82

1362 North Casa Grande Ave. | Casa Grande, AZ 85222 | (520) 316-3360

Open Enrollment Application



www.cguhsd.org

Open Enrollment Application continued

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.

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.

Please sign and complete the address information below so we may notify you when your request is resolved. If approved, the exemption applies to the academic year requested only.

Signature _____

Date _____

Mailing Address _____

Street address _____

City _____ State _____ Zip _____

City _____ Zip _____

FOR OFFICE USE ONLY

Transfer Request Approved Priority Group Assignment (1-5)

Transfer Request NOT Approved

Acceptance is on a year-by-year basis and subject to re-application and review each year.

Signature of Authorizing Administrator _____ Date _____

Date received _____ Time _____ Received by _____
(signature)

Copies to: ESS ELL Athletic Dept.

Casa Grande Union High School District #82

1362 North Casa Grande Ave. | Casa Grande, AZ 85222 | (520) 316-3360

Open Enrollment Application



www.cguhsd.org