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OPEN ENROLLMENT APPLICATION

This is a request for school year **2024- 2025** (Valid for One School Year Only)

Student's Name: _____ Current Grade Level: _____

Male Female Date of Birth: _____ 2024-2025 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** **English Learner** **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 I also understand that if any of the information on this form is false, the student may be withdrawn from school.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: _____