

Desert Wind Blended Learning Application 2025-2026

Maricopa Unified School District # 20 44150 West Maricopa-Casa Grande Hwy. Maricopa, Arizona 85138 (520) 568 - 7100	Current Date:
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Student's First Name	Student's Last Name	Birthdate	2025 - 2026 Grade Level
			<input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8

Street Address	City	Zip Code

Current School of Attendance: Please circle or highlight one DWMS MWMS SCES PBES SRES SES BES MES Other: _____	*If you are a current DWMS student, which team are you on? DWMS Blended teacher preference (optional):
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Parent/Guardian First Name	Parent/Guardian Last Name	Phone Number	Parent Email Address
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Is your student currently enrolled in Blended Learning at DWMS?		Student ID#
Yes	No	

Does your child have a(n):								
IEP:	Yes	No	504:	Yes	No	Gifted:	Yes	No

MUSD Blended Learning Registration Process

February 3, 2025- Registration opens (Forms available on MUSD District Website, MUSD District Office and each school site)

April 4, 2025 - Deadline to submit completed registration form (registration closes at 4:00 p.m.)

April 25, 2025 - Parent/Guardian will receive an email that your child has been accepted into the program. You can also view the school website for any news or updates on the program.

MUSD Blended Learning Registration Guidelines

Step One: Students enrolled in MUSD Blended Learning during the 2024 - 2025 school year will automatically be placed into the program.

Step Two: If seats remain, the registration will continue for those students seeking enrollment. If your child does not get accepted he/she will be placed on a waiting list and you will be notified if a spot becomes available.

NOTE: If a student is not meeting the requirements of the Blended Learning classroom they may be placed back into a traditional environment.

For the **STUDENT**: Please write a complete paragraph on why you would be a good candidate for the DWMS Blended Learning program.

*If you are a current DWMS student, we will be contacting your core teachers for a recommendation.

Parent / Guardian Signature	Date

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Date Received	Received By	Cohort Assigned