



AGUA FRIA UNION HIGH SCHOOL DISTRICT #216
OPEN ENROLLMENT APPLICATION
 2025 - 2026 SCHOOL YEAR
(File this application at the requested school)

JFB-E

- New**
 Continuing

Student's name (Last) _____ (First) _____ (MI) _____

Grade entering 2025-26 School Year _____ Birth Date _____

Home Phone _____ Cell: _____

Parent's name (Last) _____ (First) _____ (MI) _____

Home Address _____

Email Address _____

- The above named student:** **Resides outside the Agua Fria Union High School District; or**
 Resides within the Agua Fria Union High School District

Where does your child currently attend high school or where is he/she designated to attend next year?

School _____ District _____

Requested high school: Agua Fria Canyon View Desert Edge Goodyear Millennium Verrado

- _____ English Acquisition Program/English Language Learner *If yes, please complete attachment "Special Programs."*
 _____ Special Education (must provide copy of IEP) *If yes, please complete attachment "Special Programs."*
 _____ Section 504 (must provide copy of 504 plan) *If yes, please complete attachment "Special Programs."*

Please answer the following questions regarding the above-named student:

- Yes No Is the student currently expelled or in the process of being expelled from any school or district?
- Yes No Is the student suspended or in the process of being suspended from any school or school district?
(If accepted, the student will be placed in Agua Fria Online until the termination of the long-term suspension)
- Yes No N/A Is the student in compliance with conditions imposed by a juvenile court?
- Yes No Is the above-named student a son or daughter of an employee of the Agua Fria Union High School District?
 Employee name: _____
- Yes No Did the student attend a fast-track program in the district, taking classes at the high school while in 8th grade? If yes, please share the school attended: _____
- Yes No Does the above-named student have a sibling who is a current and continuing student of the District? If yes, please include the sibling(s) name, student ID, and school: _____
- Yes No Is the address shared above based on a temporary living arrangement due to the loss of housing?
If you answered Yes, or check any of the living situations below, you must submit the Arizona Student Residency Questionnaire

<input type="checkbox"/> In a place without windows, doors, running water, heat, electricity, or overcrowded	<input type="checkbox"/> Staying with a friend or relative due to loss of housing, economic hardship, or similar reason
<input type="checkbox"/> In a shelter/transitional housing program	<input type="checkbox"/> In an unsheltered location (e.g., tent, vehicle, abandoned building, streets, campground, park, bus/train station)
<input type="checkbox"/> In a hotel/motel	<input type="checkbox"/> Alone, without a parent or legal guardian
<input type="checkbox"/> With an adult who is not a parent or legal guardian	

The AFUHSD Academies offer pathways for students to explore high-wage, in-demand careers and understand the education, training and credentials needed to meet their career goals. Please submit Attachment #1 to indicate your interest in a career pathway at your desired school, should you have one.

The submission of the following records is required to process your request: (Please attach and check each box)

- | | |
|---|--|
| <input type="checkbox"/> Official Transcripts | <input type="checkbox"/> Pathway Interest (Attachment #1) |
| <input type="checkbox"/> Discipline Records | <input type="checkbox"/> Arizona Student Residency Questionnaire (if needed) |
| <input type="checkbox"/> Attendance Records | <input type="checkbox"/> Special Programs (Attachment #2, if needed) |

The following conditions apply to the AFUHSD open-enrollment program:

1. Enrollment is subject to capacity. The Superintendent shall annually estimate how much excess capacity may exist to accept open enrolled students. The Governing Board shall make final determination of capacity in December 2024 for the 2025-2026 school year as defined in Board Policy JFB. The Governing Board shall make the final determination of capacity for overall enrollment at each school site as well as determining capacity for specific special education self-contained programs that the district provides.
2. For the enrollment of the 2025-2026 school year, open enrollment applications submitted on or before January 24, 2025, are subject to the final determination of capacity established by the Governing Board in December 2024, and will be processed in accordance with Board Policy JFB, "Open Enrollment." Applications submitted after January 24, 2025 will be processed subject to the capacity at each school site.
3. Applicants will be notified by April 15th as to whether the applicant has been accepted, placed on a waiting list pending availability of capacity, or rejected.
4. Transportation will be the responsibility of the parent or legal guardian (with the exception of those students that have transportation as a related service in their Individualized Education Plans).
5. Providing false information on this form may result in the application being denied or admission being revoked after due process.
6. Student athletic eligibility may be affected and is subject to Arizona Interscholastic Association regulations.

Signature of Parent or Legal Guardian

Date

FOR DISTRICT USE ONLY
DO NOT WRITE BELOW THIS LINE

Student number _____ **Date stamp** _____

Filing Date

Accepted Placed on waiting list

Denied - Reason: Insufficient Capacity; _____

Authorization Signature _____ Date _____

Cc: Counseling Office
AFUHSD Educational Services Office
Parent/Guardian

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Attachment #1 - Pathway Interest

Information about the Academies of the Southwest Valley, our career preparation vision and model, can be found at www.aguafria.org/academies

This form only indicates your interest in a specific pathway, not a guarantee that a spot will be available for you. If you are granted open enrollment at this campus, you will go through a pathway selection process there. Pathway Selection occurs as a student prepares for sophomore year; this form is purely a data collection form.

<p>Agua Fria</p> <input type="checkbox"/> Film & TV Production <input type="checkbox"/> Live Entertainment Production <input type="checkbox"/> Performing Arts <input type="checkbox"/> Visual Arts <input type="checkbox"/> Graphic Design <input type="checkbox"/> Marketing/Entrepreneurship <input type="checkbox"/> Software & App Design <input type="checkbox"/> Construction Technologies <input type="checkbox"/> Sports Medicine <input type="checkbox"/> Air Force JROTC <input type="checkbox"/> Mental & Social Health Technician	<p>Canyon View</p> <input type="checkbox"/> Film & TV Production <input type="checkbox"/> Live Entertainment Production <input type="checkbox"/> Performing Arts <input type="checkbox"/> Visual Arts <input type="checkbox"/> Graphic Design <input type="checkbox"/> Marketing <input type="checkbox"/> Software & App Design <input type="checkbox"/> Sports Medicine <input type="checkbox"/> Medical Assisting <input type="checkbox"/> AgriScience <input type="checkbox"/> Vet Assisting <input type="checkbox"/> Mental & Social Health Technician	<p>Desert Edge</p> <input type="checkbox"/> Film & TV Production <input type="checkbox"/> DEHS Arts Conservatory <input type="checkbox"/> Live Entertainment Production <input type="checkbox"/> Graphic Design <input type="checkbox"/> Marketing <input type="checkbox"/> Software & App Design <input type="checkbox"/> Sports Medicine <input type="checkbox"/> AgriScience <input type="checkbox"/> Law & Public Safety <input type="checkbox"/> Education Professions <input type="checkbox"/> Mental & Social Health Technician
<p>Goodyear</p> <input type="checkbox"/> Film & TV Production <input type="checkbox"/> Performing Arts <input type="checkbox"/> Visual Arts <input type="checkbox"/> Live Entertainment Production <input type="checkbox"/> Graphic Design <input type="checkbox"/> Software & App Design: Coding / ESports <input type="checkbox"/> Sports & Entertainment Marketing <input type="checkbox"/> Network Security <input type="checkbox"/> Sports Medicine <input type="checkbox"/> Medical Assisting <input type="checkbox"/> Mental & Social Health Technician <input type="checkbox"/> Automation & Robotics	<p>Millennium</p> <input type="checkbox"/> Film & TV Production <input type="checkbox"/> Live Entertainment Production <input type="checkbox"/> Performing Arts <input type="checkbox"/> Visual Arts <input type="checkbox"/> International Baccalaureate (IB) - Diploma Option <input type="checkbox"/> Digital Photography <input type="checkbox"/> Graphic Design <input type="checkbox"/> Marketing <input type="checkbox"/> Software & App Design <input type="checkbox"/> Sports Medicine <input type="checkbox"/> Culinary Arts <input type="checkbox"/> Hospitality Management <input type="checkbox"/> Mental & Social Health Technician	<p>Verrado</p> <input type="checkbox"/> Film & TV Production <input type="checkbox"/> Live Entertainment Production <input type="checkbox"/> Performing Arts <input type="checkbox"/> Visual Arts <input type="checkbox"/> Digital Photography <input type="checkbox"/> Graphic Design <input type="checkbox"/> Marketing <input type="checkbox"/> Software & App Design <input type="checkbox"/> Digital Media & Journalism <input type="checkbox"/> Sports Medicine <input type="checkbox"/> Automation & Robotics <input type="checkbox"/> Mental & Social Health Technician

**AGUA FRIA UNION HIGH SCHOOL DISTRICT #216
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Attachment #2**

Name of Student: _____

Name of Parent: _____

SPECIAL SCHOOL PROGRAMS

Please identify any special school programs your child has participated in or special help received from previous school personnel and any anticipated special school programs or services.

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

_____ Special Education [parent must provide the student's current IEP and evaluation report(s)];

Please check all that apply:

- | | |
|---|----------------------------|
| _____ Adaptive Physical Education | _____ Occupational Therapy |
| _____ Speech/Language Therapy | _____ Self-contained class |
| _____ Resource support | _____ Vision |
| _____ Special Education Preschool | _____ Hearing |
| _____ Physical Therapy | _____ Assistive Technology |
| _____ Transportation as a related service | Other _____ |

_____ Section 504 [parent must provide the student's current 504 Accommodation Plan]

_____ English Language Development (ELD) program

Other _____