



OPEN ENROLLMENT APPLICATION – 2026-2027

Student Name: _____ Date of Birth: _____
Last First

Home Address: _____
Street City Zip

School Being Requested: _____ Grade Level Applying for: _____

This student:

- is a sibling of a student under open enrollment at the requested school.
- has a parent or legal guardian employed by TD3. Name of employee: _____
- lives within the Tempe Elementary School District. Boundary school: _____
- lives outside the Tempe Elementary School District. District of residence: _____

Is the student receiving or qualified for any special education services? *Yes No

*If yes, provide a copy of the most current IEP and psychoeducational report.

Parent/Legal Guardian Completing This Form:

Name: _____ Phone Number: _____
Last First

Address: _____
Street City Zip

Email Address: _____

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

- Yes No Has your child been expelled or suspended from another school?
- Yes No Is your child in the process of being expelled or suspended from another school?
- Yes No Has your child been placed in an alternative program or school as an alternative to expulsion or suspension?

If you checked "Yes" for any of the above, please explain in detail:

The parent/legal guardian signing this Application affirms and understands the following:

- The child seeking enrollment will abide by the rules and regulations that govern students at the school in which the student seeks to enroll. A copy of the Student Handbook is available online at www.tempeschools.org and in hard copy form at the beginning of each school year.
- Copies of the District's Open Enrollment Policy JFB are available upon request or online at www.tempeschools.org.
- Transportation of the student, including students under the McKinney-Vento program, to and from the approved school is the parent/guardian(s) sole responsibility for the duration of the open enrollment, unless otherwise entitled pursuant to an IEP.
- A student placed on a wait list but not accepted during a school year shall be required to reapply for open enrollment for the following school year.
- Failure to provide the most recent IEP and Psycho-educational report will delay the processing of this application.

Providing false information on this form may result in the application being denied or admission being revoked.

Signature of Parent/Legal Guardian: _____ Date: _____

<p>FOR DISTRICT USE ONLY ♦DO NOT WRITE IN THIS BOX</p> <p>* Special Education Director for Special Area Capacity: Approved Not Approved (placed on wait list due to capacity)</p> <p>_____ Signature Date</p>	<p>Principal/District Admin. Approved Not Approved (placed on wait list due to capacity) Rejected Reason for Rejection: _____</p> <p>_____ Signature Date</p>
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