



OPEN ENROLLMENT APPLICATION – 2026-2027

Student Name: _____ Date of Birth: _____
Last, First

Home Address: _____
Street City Zip

Current Grade Level: _____ School Being Requested: _____ Grade Level Requested: _____

This student:

- currently attends the requested school.
- is a sibling of a student under open enrollment at the requested school.
- has a parent or guardian employed by MUSD.

Name of employee: _____

has a parent or guardian that is active duty military or who died in the line of duty

- lives within the Maricopa Unified School District.

Home school: _____

- lives outside the Maricopa Unified School District.

Home district: _____

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

If yes, please check:

- Special Education, including Speech and Language (Attach a copy of the IEP and psychoeducational evaluation report.)
- Section 504 (Attach a copy of the current Accommodation Plan.)

Parent/Legal Guardian Completing This Form:

Name: _____ Phone Number: _____
Last, First

Home 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 the following:

1. The parent/legal guardian affirms that 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.musd20.org/handbooks and in hard copy form at the beginning of each school year.
2. The parent/legal guardian understands that transportation to and from the approved school is the parent/guardian(s) sole responsibility for the duration of the open enrollment. If space permits, the Transportation Director may grant permission for an open enrollment student to ride an existing route.

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

Signature of Parent/Legal Guardian: _____ Date: _____

FOR DISTRICT USE ONLY ♦ DO NOT WRITE IN THE BOXES BELOW

*** ESS Director Approval for Special Area Capacity:**

Approved Not Approved (placed on waitlist due to capacity)

Rejected Reason for Rejection: _____

Signature of ESS Director: _____ Date: _____

Principal Approval:

Approved Not Approved (placed on waitlist due to capacity)

Rejected Reason for Rejection: _____

Signature of Principal: _____ Date: _____