Chandler Unified School District #80 | 1525 West Frye Road, Chandler AZ 85224 | (480) 812-7000

2027-2028

OPEN ENROLLMENT APPLICATION (6th*-12th grades)

**In addition to 7th-12th secondary students, Basha AMS 6th grade students will use this application.*

ACP Middle School applications are submitted through an online application process. See ACP Middle School's website for more information.

IMPORTANT INFORMATION

- A completed application for each student may be submitted beginning November 4, 2026 to the secondary school of choice or the District office. Email is recommended.
- Applications for initial open enrollment acceptance will be considered on a first-come, first-served basis, within each enrollment priority group. If grade level, special program or service is at capacity based on current enrolled students, a wait list may be generated.
- The parent/legal guardian will be notified of the decision by phone, mail and/or e-mail as promptly as possible upon receipt of an application.
- Applications may be denied if a student is in the process of or has been expelled by another district A.R.S. § 15-841.
- Transportation will **NOT** be provided by the district, except as set forth in A.R.S. §15-816.
- The parent/legal guardian must notify school personnel immediately when there is a change in address, home or emergency contact.
- **Grade 9th-12th ONLY:** Eligibility for athletics and certain extracurricular activities may be affected when students transfer from one school to another. A student considering transferring is advised to discuss his/her situation with the Athletic Director at the site of current enrollment.

Providing false information on this application or submitting multiple applications may result in the application(s) being denied or admission being revoked.

STUDENT INFORMATION

Grade Request: ◯ 6 ◯ 7 ◯ 8 ◯ 9 ◯ 10 ◯ 11 ◯ 12

Last Name	First Name	M.I.	Student ID#	Date of Birth	☐ Female ☐ Male

School **currently** attends or most **recently** attended: _____ Boundary school: _____

Current school telephone number (if non-CUSD school): _____

Is the student currently under suspension or in process of being suspended from school? ◯ Yes ◯ No

Is the student currently under expulsion or in process of being expelled from school? ◯ Yes ◯ No

OPEN ENROLLMENT SCHOOL CHOICE

School Name: Select School

Has a sibling also applied for open enrollment to this school? ◯ Yes ◯ No ◯ N/A

Sibling's Name	Grade	Sibling's Name	Grade	Sibling's Name	Grade

REASON FOR YOUR REQUEST

☐ Family Moved/Requesting Continued Enrollment

☐ General Academic

Please explain your request:

over

Open Enrollment Application continued Last Name: _____ First Name: _____ M.I.: _____

SPECIAL PROGRAMS (Gifted or Special Education)

Please complete the following information to help us plan a program for your student.

☐ My child **HAS NOT participated** in any special programs.

☐ My child **is CURRENTLY ELIGIBLE** for special education services.

☐ My child has been determined eligible for special education services, but an IEP has not been developed.

☐ My child has been determined eligible for special services and has a current IEP.

- ☐ My child's IEP is on file with Chandler Unified
- ☐ I have my child's current IEP and evaluation report from another district or charter school.

If student does not currently attend a CUSD school and has a current IEP, a copy of IEP must accompany this application.

☐ Gifted (Grades 6 - 8 only) ◯ Previously identified in CUSD? ☐ Yes ☐ No

◯ Pending testing results Has student registered for testing? ☐ Yes ☐ No

If previously identified elsewhere, what district? _____ ***Submit scores with application if identified elsewhere***

PARENT/LEGAL GUARDIAN COMPLETING APPLICATION

Parent/Legal Guardian Name: _____ Cell Phone: _____ Home Phone: _____

Email Address: _____

Is either parent/guardian a Chandler Unified School District Employee? If so, list name and site. _____

ADDRESS WHERE CHILD RESIDES

Parent/Legal Guardian Name _____

Street Address _____

City _____ State _____ Zip _____

Providing false information on this application or submitting multiple applications will result in the application(s) being denied or admission being revoked. The parent/legal guardian signing this application affirms that the student seeking enrollment will abide by the rules and regulations that govern students at the school where the student seeks enrollment. Excessive absences, tardiness or negligence by the parent/legal guardian in sending the student to school may result in loss of the student's open enrollment. Failure to comply with school and district rules could lead to revocation of open enrollment status.

By signing this document, you are affirming your understanding that you are responsible for transporting your child to and from school and guaranteeing his or her attendance on a regular basis. If approved, the exemption applies to the school year requested only. *It is expected that the student on an Open Enrollment remain at the requested school for the entire school year. Revoking an Open Enrollment requires district approval.*

_____ _____

Parent/Legal Guardian Signature Date

FOR OFFICE USE ONLY

Date/Time Stamp

Date Received: _____ Time Received: _____ Received By: _____

Priority ☐

☐ Approved ***Once accepted, continuing open enrollment is subject to review each year without reapplication if continuing at enrolled site.***

☐ Denied

Administrator Signature: _____ Date: _____