

## OPEN ENROLLMENT APPLICATION

School Requested: \_\_\_\_\_ School Year: 2024-2025.

Have you applied at any other QCUSD sites for open enrollment for this student?

\_\_\_ DME \_\_\_ FBPE \_\_\_ FMSE \_\_\_ GPA \_\_\_ JBE \_\_\_ KMBE \_\_\_ SE \_\_\_ SVE \_\_\_ QCE \_\_\_ QCJH \_\_\_ NBCP \_\_\_ EHS \_\_\_ QCHS \_\_\_ CHS

Have you requested open enrollment for siblings in another QCUSD school: Please check all that apply.

\_\_\_ DME \_\_\_ FBPE \_\_\_ FMSE \_\_\_ GPA \_\_\_ JBE \_\_\_ KMBE \_\_\_ SE \_\_\_ SVE \_\_\_ QCE \_\_\_ QCJH \_\_\_ NBCP \_\_\_ EHS \_\_\_ QCHS \_\_\_ CHS

Siblings Names/Grade/Site: 1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

Student's Name \_\_\_\_\_

Grade (Next Year) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Female \_\_\_\_\_ Male \_\_\_\_\_

Parent/Legal Guardian Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_ Email \_\_\_\_\_

Now residing in attendance area (school) \_\_\_\_\_

The above named student: ☐ Resides outside the QC School District ☐ Resides within the QC School District

Is either parent an employee of Queen Creek Unified School District? ☐ No ☐ Yes, which site: \_\_\_\_\_

Has your child participated in or will need to participate in any of the following special programs? ☐ No ☐ Yes (Check all that apply below)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Gifted/Talented   |  |  |
| <input type="checkbox"/> Special Education (Need IEP and Psychoeducational Evaluation Report) <u>Please check all that apply</u> |  |  |
| <input type="checkbox"/> Adaptive Physical Education   | <input type="checkbox"/> Transportation as "related service" |  |
| <input type="checkbox"/> Speech/Language Therapy   | <input type="checkbox"/> Occupational Therapy                |  |
| <input type="checkbox"/> Resource  | <input type="checkbox"/> Special Class (Self-contained)      |  |
| <input type="checkbox"/> Special Education Preschool   | <input type="checkbox"/> Vision                              |  |
| <input type="checkbox"/> Physical Therapy  | <input type="checkbox"/> Hearing                             |  |
|  | <input type="checkbox"/> Assistive Technology                |  |
| <input type="checkbox"/> Section 504 (need current Accommodation Plan)   |  |  |
| <input type="checkbox"/> E.L.L./Bilingual instruction for the purpose of acquiring English                                       |  |  |

Please answer the following questions regarding the open enrollment applicant.

Has the applicant served a long-term suspension or is currently serving a long term suspension? Yes No

Is the applicant currently under expulsion or in the process of being expelled from another school district? Yes No

Is the applicant under a condition imposed by juvenile court pursuant to A.R.S. 8-301? Yes No

If yes, is the applicant in compliance with the conditions? Yes No

The parent/legal guardian signing this application affirms the following:

1. The Applicant must follow all rules and regulations of the receiving school, including standards for homework, student conduct and attendance. Failure to successfully comply with the student code of conduct result in the revocation of a student's open enrollment status.
2. Grades 9-12 ONLY – Eligibility for athletics and extracurricular activity is affected when students transfer from one school to another. Students considering transfer must contact the Athletic Director of the receiving school to determine eligibility status in relation to the possible transfer.
3. **Transportation for the student shall be the responsibility of the parent or legal guardian.**
4. This form will be used to access information/disciplinary records from former school districts.
5. Proof of custody, if applicable.

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

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Junior High and High School required items:**

In addition to the application, we also require the following most recent and current items:

- Current Transcript and Grades
- Attendance Records
- Discipline Records
- IEP/MET, 504, if applicable

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**DO NOT WRITE BELOW THIS LINE FOR DISTRICT USE ONLY**

Student's Name \_\_\_\_\_ Student's Number \_\_\_\_\_

☐ Accepted  
☐ Placed on waiting list  
☐ Rejected – Reason for rejection: \_\_\_\_\_

Principal or Designee \_\_\_\_\_ Date \_\_\_\_\_