

Date Received _____
Map Grid _____
Residential Transfer _____
Out of District _____
In-District Student Number _____

Gilbert Public Schools
Open Enrollment Application
Must Be Submitted to the Requested School by April 15

School Requested _____ School Year _____ Current Grade _____

Student Name _____ Date of Birth _____

Current School _____ Current District _____

Parent Name _____ Home Phone _____

Address _____
Street City Zip

Reason for Seeking Admission _____

Either parent a Gilbert Public Schools employee? No Yes Location _____ Position _____

Siblings currently attending this school _____ Grade _____

_____ Grade _____

Participated or needs to participate in any of the following programs:

Gifted/Talented ELL Section 504 Special Education (Has an IEP)

Is the applicant on or being considered for a long-term suspension (11+ days) or expulsion? Yes No

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

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

Previous schools the applicant attended:

Name of School(s) Years Attended Address Phone Number

Signing this application affirms the following:

1. Transportation will NOT be provided by the District except as set forth in A.R.S. 15-816.
2. The applicant must agree to follow all rules and regulations of the receiving school, including standards for homework, student conduct and attendance.
3. 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.
4. This form will be used to access information from former school districts (i.e., discipline, attendance, grades).
5. Proof of custody, if applicable.
6. Acceptance is on a yearly basis and open enrollment must be reapplied for yearly.

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

Parent Signature Date Student Signature Date

For Office Use Only

Approved Denied Waiting List

Principal Signature _____ Date _____