

Avondale Elementary School District #44

Open Enrollment/Variance/Attendance Application

2023-2024 School Year

SUBMIT THIS APPLICATION FOR THE SCHOOL YOU WANT YOUR CHILD TO ATTEND

- APPLICATIONS ARE DUE ON OR BEFORE MARCH 3, 2023 FOR PREFERENCE CONSIDERATION.**
- Schools will accept pupils throughout the school year as capacity allows. Pupils who are denied access due to capacity shall be informed that they are on a waitlist and will be notified when an opening occurs at the desired school site.
- Open Enrollment Policy as set forth in Governing Board Policy and A.R.S. 15-816 et seq. is available upon request.

Today's Date: _____

Student's Name <small>(1 child per application)</small>			
<small>Last</small>	<small>First</small>	<small>Middle Initial</small>	

Student's Date of Birth:	_____ / _____ / _____ <small>Month / Day / Year</small>
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Parent's / Guardian's Name			
<small>Last</small>	<small>First</small>	<small>Middle Initial</small>	

Work Phone		Home Phone		Email REQUIRED	
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Current Home Address				
<small>Street</small>	<small>City</small>	<small>State</small>	<small>Zip</small>	

The above-name child resides within the _____ School District.

PRESENT SCHOOL OF ATTENDANCE

School		City	
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PLEASE MARK THE SCHOOL YOU ARE REQUESTING FOR YOUR CHILD TO ATTEND AND GRADE LEVEL YOUR CHILD WILL BE ENROLLING IN

	SCHOOL NAME	GRADE LEVEL
<input type="checkbox"/>	Avondale Middle School	
<input type="checkbox"/>	Centerra Mirage STEM	
<input type="checkbox"/>	Copper Trails School	
<input type="checkbox"/>	Desert Star School	
<input type="checkbox"/>	Desert Thunder School	

	SCHOOL NAME	GRADE LEVEL
<input type="checkbox"/>	Eliseo C. Felix School	
<input type="checkbox"/>	Lattie Coor School	
<input type="checkbox"/>	Michael Anderson School	
<input type="checkbox"/>	Wildflower Accelerated Academy	
<input type="checkbox"/>	Avondale Virtual Innovation Academy (Grades 5 - 8)	

Is the above-named child:

	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Under investigation for consideration of disciplinary action from any school or district?
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Expelled from any school or district?
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Currently being considered for expulsion from another school or district?
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	In compliance with conditions imposed by a juvenile court?
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	In any special program? <i>(Such as IEP, Gifted, 504 Plan, ELL, etc.)</i> If yes, what type of program.

Information on Brothers and Sisters

Number of Brothers		Number of Sisters	
Name	Date of Birth	Current School District	

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2023-2024 School Year

Reason for applying/transferring:

NOTE: THE FOLLOWING CONDITIONS APPLY TO THE OPEN-ENROLLMENT PROGRAM:

1. An attendance application must be completed, submitted and approved prior to admission (one form per student).
2. Enrollment is subject to the capacity limit established for the school and/or its grade levels. Students who are denied access due to capacity shall be informed they will be placed on a waitlist and will be notified when an opening occurs at the desired school site.
3. APPLICATION ACCEPTANCE IS ON A YEAR-BY-YEAR BASIS.
4. Approval is on a first-come basis, with enrollment preference given to:
 - a. Pupils of persons who are employed by the District.
 - b. Pupils who were enrolled in the school the previous year (22-23) and any sibling who would be enrolled concurrently with such pupils. *
5. Transportation for the student is the responsibility of the parent or legal guardian. Providing false information on this form may result in the application being denied or admission being revoked.
6. If application is approved, student must follow all school/district attendance and handbook policies.

*** If capacity is not sufficient to enroll all of these pupils, they shall be selected on the basis of the date and time of application.**

The signatory affirms that the student will abide by the rules, standards, and policies of the school and the District if enrolled. I certify that I have read, understand, and agree to comply with the Open Enrollment/Variance/Attendance Application. If submitted online, my consent may be executed by my electronic signature, typed in the signature box of the form, and my electronic signature shall be considered as an original signature for all purposes and shall have the same force and effect as an original signature.

Printed Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

FOR DISTRICT USE ONLY • DO NOT WRITE BELOW THIS LINE

Date Received: _____ **Time Received:** _____

Is student currently attending this school on 22-23 Variance? Yes _____ No _____

Is student's Parent/Guardian an AESD employee? Yes _____ No _____

Quad student resides in? _____

School Principal's Action

Approved	
Waiting List	List reason(s) for waitlist/denial (capacity or capacity of special program).
Denied	

Principal Signature _____ Date: _____

Superintendent's Action

Approved	
Waiting List	Comments (capacity or capacity of special program):
Denied	

Superintendent Signature _____ Date: _____