

**PEORIA UNIFIED SCHOOL DISTRICT #11  
OPEN ENROLLMENT APPLICATION FORM**

Family resides (please check one):

- In the Peoria Unified School District  
 Outside the Peoria Unified School District

Application for (please check one):

- New Enrollment     Current PUSD 8<sup>th</sup> grader  
 Current PUSD student (Change of address)

**Only completed and accurate applications will be accepted. Application should be made directly to school of choice.**

<b>STUDENT'S LEGAL FIRST AND LAST NAME(S)</b>	<b>STUDENT'S DATE OF BIRTH</b>	<b>PARENT/GUARDIAN LEGAL NAME</b>
<b>HOME ADDRESS</b>		<b>CITY/ ZIP CODE</b>
<b>PARENT/GUARDIAN BEST PHONE NUMBER</b>	<b>PARENT/GUARDIAN ALTERNATE PHONE</b>	<b>PARENT/GUARDIAN EMAIL ADDRESS</b>

<b>WHICH SCHOOL ARE YOU APPLYING FOR OPEN ENROLLMENT TO FOR THE 2024-25 school year?</b>	<i>Open enrollment may be denied due to school, grade level, or special program capacity.</i>
<b>WHAT SCHOOL DOES YOUR CHILD CURRENTLY ATTEND?</b>	<b>IN 2024-25, WHAT SCHOOL SHOULD YOUR CHILD ATTEND BASED ON YOUR RESIDENCE?</b>
<b>IN 2024-25, WHAT DISTRICT SHOULD YOUR CHILD ATTEND BASED ON YOUR RESIDENCE?</b>	<b>WHAT GRADE WILL YOUR CHILD BE IN DURING THE 2024-25 SCHOOL YEAR?</b>
<b>HAS YOUR STUDENT EVER BEEN ENROLLED IN A PUSD SCHOOL?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>IS YOUR CHILD CURRENTLY ON EXPULSION OR LONG-TERM SUSPENSION IN YOUR CURRENT SCHOOL OR DISTRICT?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>IS YOUR CHILD ELIGIBLE FOR SPECIAL SERVICES?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>If yes, which category?</b> <input type="checkbox"/> ELL <input type="checkbox"/> GIFTED <input type="checkbox"/> 504 Plan <input type="checkbox"/> Spec Ed/I.E.P.   Other/Additional Information: _____	

**PLEASE INDICATE THE GENERAL REASONS YOU ARE REQUESTING AN OPEN ENROLLMENT (CHECK ALL THAT APPLY):**

SIGNATURE ACADEMIC PROGRAM/Name of program: \_\_\_\_\_

SPECIAL EDUCATION PROGRAM: \_\_\_\_\_

PEORIA DISTRICT EMPLOYEE – WORK LOCATION: \_\_\_\_\_

FAMILY MOVED BUT REQUESTING CONTINUED ENROLLMENT

SIBLING CURRENTLY ATTENDING SCHOOL OF APPLICATION: Name of Sibling: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Additional siblings and grades \_\_\_\_\_

HIGH SCHOOL SPORTS/ATHLETICS (The Arizona Interscholastic Association regulates eligibility for high school athletes. A change in school attendance may impact a student's eligibility. Contact the school athletic director to determine your student's athletic eligibility.)

**HOW DID YOU LEARN ABOUT THE PEORIA UNIFIED SCHOOL DISTRICT?**

FRIEND/NEIGHBOR     MEDIA     WEBSITE     ADVERTISEMENT     REALTOR: \_\_\_\_\_

DEPARTMENT OF EDUCATION     ANNUAL REVIEW     GREATSCHOOLS.ORG     SOCIAL MEDIA     OTHER: \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE REQUIRED**

**PRIORITY DEADLINE IS DECEMBER 1. APPLICATIONS WILL BE APPROVED BASED ON PROJECTED ENROLLMENT CAPACITY.**

**NOTE:** All approved open enrollment transfers are reviewed annually. Continued enrollment is based upon compliance with all school regulations regarding conduct, academic progress, attendance and/or school capacity (see Policy JFB). An approved open enrollment may be revoked if a student fails to comply with all school regulations.

**Transportation is the responsibility of the parent. Student parking may not be available on high school campuses.**

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Parent's/ Guardian's signature above affirms the information provided is accurate and complete.

Approved       Waitlist       Denied

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_