

**JFB-EA**

Date Received \_\_\_\_\_

Map Grid \_\_\_\_\_

Residential Transfer \_\_\_\_\_

Out of District \_\_\_\_\_

In District Student Number \_\_\_\_\_



**Gilbert Public Schools  
Open Enrollment Application  
Submit 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)

Email Address: \_\_\_\_\_

Reason for seeking admission: \_\_\_\_\_

Either parent a Gilbert Public Schools employee:  Yes  No

Siblings currently attending requested school: \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_

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

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

Previous Program Placement:  Inclusion  Resource  Self-Contained

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 has attended:

Name of School(s)	Year(s) 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: \_\_\_\_\_

Applications submitted by April 15<sup>th</sup> will receive notification by June 1<sup>st</sup>

Applications submitted after April 15<sup>th</sup> will receive notification between the time of submission and the first day of school.