



**AGUA FRIA UNION HIGH SCHOOL DISTRICT #216**  
**OPEN ENROLLMENT APPLICATION**  
 2018 - 2019 SCHOOL YEAR  
*(File this application at the requested school)*

JFB-E

- New**  
 **Continuing**

Student's name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_  
 Grade entering 2018-19 School Year \_\_\_\_\_ Birth Date \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell: \_\_\_\_\_  
 Parent's name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 Email Address \_\_\_\_\_

- The above named student:**     **Resides outside the Agua Fria Union High School District; or**  
 **Resides within the Agua Fria Union High School District**

**Where does your child currently attend high school or where is he/she designated to attend next year?**

School \_\_\_\_\_ District \_\_\_\_\_

Check the requested high school: Agua Fria  Canyon View  Desert Edge  Millennium  Verrado

**Has the student participated in or will the student plan to attend any of the specialized programs listed below?**  
 \_\_\_\_\_ **Yes** (please check those that apply below)    \_\_\_\_\_ **No**

- |  |                         |
|--|-------------------------|
| _____ JROTC: Aerospace Sciences .....  | Agua Fria High School   |
| _____ Construction Sciences .....  | Agua Fria High School   |
| _____ Conservatory of Arts & Design.....   | Desert Edge High School |
| _____ Agriscience Program (list 1st or 2nd choice) .....   | Desert Edge High School |
| _____ Health Science Program .....   | Canyon View High School |
| _____ Agriscience Program (list 1st or 2nd choice) .....   | Canyon View High School |
| _____ International Baccalaureate Program .....  | Millennium High School  |
| _____ Culinary Arts.....   | Millennium High School  |
| _____ Engineering .....  | Verrado High School     |
| _____ English Acquisition Program/English Language Learner* <i>*If yes, please complete attachment "Special Programs."</i> |                         |
| _____ Special Education* (must provide copy of IEP) <i>*If yes, please complete attachment "Special Programs."</i>         |                         |
| _____ Section 504* (must provide copy of 504 plan) <i>*If yes, please complete attachment "Special Programs."</i>          |                         |

**Please answer the following questions regarding the above-named student:**

- Yes    No      Is the student currently expelled or in the process of being expelled from any school or district?  
 Yes    No      Is the student suspended or in the process of being suspended from any school or school district?  
 Yes    No    N/A    Is the student in compliance with conditions imposed by a juvenile court?

**The submission of the following records is required to process your request:** (Please attach and check  each box)

- Official Transcripts  
 Discipline Records  
 Attendance Records

Yes    No      Is the above-named student a son or daughter of an employee of the Agua Fria Union High School District? Employee name: \_\_\_\_\_

**The following conditions apply to the AFUHSD open-enrollment program:**

1. Enrollment is subject to capacity. The Superintendent shall annually estimate how much excess capacity may exist to accept open enrolled students. The Governing Board shall make final determination of capacity in December 2017 for the 2018 – 2019 school year as defined in Board Policy JFB. The Governing Board shall make the final determination of capacity for overall enrollment at each school site as well as determining capacity for specific special education self-contained programs that the district provides.  
*Note: Canyon View High School is expected to have an open enrollment capacity of 100 students. None of the District's four current schools are expected have capacity.*
2. For enrollment for the 2018-2019 school year, open enrollment applications submitted on or before January 20, 2018, are subject to the final determination of capacity established by the Governing Board in December 2017, and will be processed in accordance with Board Policy JFB, "Open Enrollment." Applications submitted after January 20, 2018 will be processed subject to the capacity at each school site.
3. Applicants will be notified by April 15<sup>th</sup> as to whether the applicant has been accepted, placed on a waiting list pending availability of capacity, or rejected.
4. Transportation will be the responsibility of the parent or legal guardian (with the exception of those students that have transportation as a related service in their Individualized Education Plans).
5. Providing false information on this form may result in the application being denied or admission being revoked after due process.
6. Student athletic eligibility may be affected and is subject to Arizona Interscholastic Association regulations.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

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

**Student number** \_\_\_\_\_ **Date stamp** \_\_\_\_\_

Filing Date

Accepted       Placed on waiting list

Denied - Reason:  Insufficient Capacity;  \_\_\_\_\_

Authorization Signature \_\_\_\_\_ Date \_\_\_\_\_

Cc: Counseling Office  
AFUHSD Educational Services Office  
Parent/Guardian

**AGUA FRIA UNION HIGH SCHOOL DISTRICT #216  
OPEN ENROLLMENT APPLICATION  
Attachment #1**

**Name of Student:** \_\_\_\_\_

**Name of Parent:** \_\_\_\_\_

**SPECIAL SCHOOL PROGRAMS**

Please identify any special school programs your child has participated in or special help received from previous school personnel and any anticipated special school programs or services.

***My child HAS participated in or it is anticipated my child WILL NEED to participate in the program(s) or receive the services listed below:***

\_\_\_\_\_ Special Education [parent must provide the student's current IEP and evaluation report(s)];

*Please check all that apply:*

- |   |                          |
|---|--------------------------|
| ___ Adaptive Physical Education         | ___ Occupational Therapy |
| ___ Speech/Language Therapy             | ___ Self-contained class |
| ___ Resource support                    | ___ Vision               |
| ___ Special Education Preschool         | ___ Hearing              |
| ___ Physical Therapy                    | ___ Assistive Technology |
| ___ Transportation as a related service | Other _____              |

\_\_\_\_\_ Section 504 [parent must provide the student's current 504 Accommodation Plan]

\_\_\_\_\_ English Language Development (ELD) program

Other \_\_\_\_\_