



AGUA FRIA UNION HIGH SCHOOL DISTRICT #216  
**OPEN ENROLLMENT APPLICATION**  
 2024 - 2025 SCHOOL YEAR  
*(File this application at the requested school)*

JFB-E

- New**  
 **Continuing**

Student's name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_  
 Grade entering 2024-25 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  |
| _____ Entrepreneurship Academy .....                              | 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?  
*(If accepted, the student will be placed in Agua Fria Online until the termination of the long-term suspension)*  
 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 2023 for the 2024-2025 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.
2. For the enrollment of the 2024-2025 school year, open enrollment applications submitted on or before January 19, 2024, are subject to the final determination of capacity established by the Governing Board in December 2023, and will be processed in accordance with Board Policy JFB, "Open Enrollment." Applications submitted after January 19, 2024 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

**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:*

- |  |   |
|--|---|
| <input type="checkbox"/> Adaptive Physical Education         | <input type="checkbox"/> Occupational Therapy |
| <input type="checkbox"/> Speech/Language Therapy             | <input type="checkbox"/> Self-contained class |
| <input type="checkbox"/> Resource support                    | <input type="checkbox"/> Vision               |
| <input type="checkbox"/> Special Education Preschool         | <input type="checkbox"/> Hearing              |
| <input type="checkbox"/> Physical Therapy                    | <input type="checkbox"/> Assistive Technology |
| <input type="checkbox"/> Transportation as a related service | Other _____                                   |

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

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

Other \_\_\_\_\_