



For Office Use Only:
(MUST be completed by Attendance Specialist before processing)
Date Received: _____
Residential Transfer: Y / N
Out of District: Y / N
In District Student ID Number:

Gilbert Public Schools
Open Enrollment Application
Applications Will be Accepted Starting January 15th
Must Reapply Annually

School Requested: _____ School Year Applying For: _____

Grade Level Applying For: _____ Date of Birth: _____

Student's Name: _____

Current School: _____ Current District: _____

Parent's Name: _____ Home Phone: _____

Home Address: (include full address including the street, city, zip code)

Email Address: _____

Reason for seeking admission: (If applicable, attach more information)

Is either parent a Gilbert Public Schools employee: ___ Yes ___ No

Location: _____ Position: _____

Siblings currently attending this school:

_____ Grade: _____

_____ Grade: _____

_____ Grade: _____

Programs student currently participates in:

___ Gifted/Talented (attach any gifted testing scores if applicable)

___ ELL

___ Section 504 (If not a current GPS student, **must** attach paperwork)

___ Special Education (If not a current GPS student, **must** attach current IEP)

Is the student on or being considered for a long-term suspension (11+ days) or expulsion? ___Yes___No

Is the student under a condition imposed by court pursuant to A.R.S. 8-301? ___Yes ___No

-If yes, is the student in compliance with condition? ___Yes ___No

Is the student identified and receiving services under the McKinney-Vento Act? ___Yes___No

Previous school(s) the student has attended:

Name of School(s)	Year(s) Attended	Address	Phone Number
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 student 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 a possible transfer must contact the Athletic Director of the receiving school to determine eligibility prior to transferring.
4. This form will be used to access information from former school districts (i.e. discipline, attendance, grades)
5. Proof of custody has been provided, if applicable.
6. Acceptance is on a yearly basis.

Providing false information on this form may result in the application being denied or admission being revoked.

_____	_____	_____	_____
Parent Signature	Date	Student Signature	Date

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___Approved ___Denied ___Waiting List

Principal's Signature: _____ Date: _____