



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 January 20th
 Must reapply annually**

School Requested: _____ School Year: _____ Current Grade: _____

Student Name: _____ Date of Birth: _____

Current School: _____ Current District: _____

Parent Name: _____ Home Phone: _____

Address: _____

Email Address: _____

Reason for seeking admission: _____

Either parent a Gilbert Public Schools employee: ___ Yes ___ No Location: _____ Position: _____

Siblings currently attending this school: _____ Grade _____
 _____ Grade _____

Participated in any of the following programs:

___ Gifted/Talented ___ ELL ___ Section 504 ___ Special Education (If not a current GPS student must attach current 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.

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: _____