



### OPEN ENROLLMENT APPLICATION – 2025-2026

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First

Home Address: \_\_\_\_\_  
Street City Zip

School Being Requested: \_\_\_\_\_ Grade Level Applying for: \_\_\_\_\_

**This student:**

- currently attends the requested school.
- is a sibling of a student under open enrollment at the requested school.
- has a parent or legal guardian employed by TD3. Name of employee: \_\_\_\_\_
- lives within the Tempe Elementary School District. Boundary school: \_\_\_\_\_
- lives outside the Tempe Elementary School District. District of residence: \_\_\_\_\_

Is the student receiving or qualified for any special education services?  \*Yes  No

\*If yes, provide a copy of the IEP and psychoeducational report.

**Parent/Legal Guardian Completing This Form:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_  
Street City Zip

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

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

- Yes  No Has your child been expelled or suspended from another school?
- Yes  No Is your child in the process of being expelled or suspended from another school?
- Yes  No Has your child been placed in an alternative program or school as an alternative to expulsion or suspension?

If you checked "Yes" for any of the above, please explain in detail:

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**The parent/legal guardian signing this Application affirms the following:**

- The parent/legal guardian affirms that the child seeking enrollment will abide by the rules and regulations that govern students at the school in which the student seeks to enroll. A copy of the Student Handbook is available online at [www.tempeschools.org](http://www.tempeschools.org) and in hard copy form at the beginning of each school year.
- The parent/legal guardian understands that copies of the District's Open Enrollment Policy JFB are available upon request or online at [www.tempeschools.org](http://www.tempeschools.org).
- The parent/legal guardian understands that transportation to and from the approved school is the parent/guardian(s) sole responsibility for the duration of the open enrollment unless otherwise entitled pursuant to an IEP.

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

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

<p><b>FOR DISTRICT USE ONLY ♦DO NOT WRITE IN THIS BOX</b></p> <p>* Special Education Director for Special Area Capacity: Approved Not Approved (placed on wait list due to capacity)</p> <p>_____ Signature Date</p>	<p>Principal/District Admin. Approved Not Approved (placed on wait list due to capacity) Rejected Reason for Rejection: _____</p> <p>_____ Signature Date</p>
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