



OPEN ENROLLMENT

RESIDENT TRANSFER APPLICATION

Student lives within Cave Creek Unified School District Boundaries
File this application at the School office.

Student's name: _____

Last

First

M.I.

Current grade: _____ Birth date: _____ Home phone: _____

Work phone: _____ Message phone: _____

Parent's name _____

Last

First

M.I.

Home address _____

Street

City

Zip

Student's home school: Student requesting resident transfer to:

_____ BMES

_____ BMES

_____ DSA

_____ DSA

_____ DWES

_____ DWES

_____ HTES

_____ HTES

_____ LMES

_____ LMES

The above-named student is a son/daughter of a CCUSD employee.

Note: The following conditions apply to the resident transfer program:

1. An enrollment application can be completed and submitted at any time.
2. Enrollment is subject to the capacity limit established for the school and/or its grade levels.
3. The parent or legal guardian will be notified in writing whether the application has been accepted, rejected, or placed on a waiting list within two (2) weeks of receipt of paperwork.
4. Transportation for the student is the responsibility of the parent or legal guardian. The parent or legal guardian must arrange safe transportation into the attendance area of the receiving school.
5. Providing false information on this or any enrollment form will result in the application being denied or admission being revoked based on program capacity.

Signature of Parent or Legal Guardian

Date

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

Date application received: _____

Accepted

Placed on the waiting list for _____ grade/program

Rejected

Reason for rejection: _____

Principal's Signature: _____ Date: _____