



School Year _____

OPEN ENROLLMENT

(Student lives outside Cave Creek Unified School District boundaries.)

ATTENDANCE APPLICATION

File this application at the School District office

Student's name _____
Last First M.I.

Current grade: _____ Birth Date: _____ Home phone: _____

Work phone: _____ Email: _____

Parent's name _____
Last First M.I.

Home address _____
Street City Zip

The above-named student resides outside the CCUSD® boundaries (Open Enrollment)

Home school: _____ Home district: _____

City: _____ County: _____ State: _____

The above-named student is requesting attendance to:

- Black Mountain Elementary School (BMES)
- Desert Sun Academy (DSA)
- Desert Willow Elementary School (DWES)
- Horseshoe Trails Elementary School (HTES)
- Lone Mountain Elementary School (LMES)
- Sonoran Trails Middle School (STMS)
- Cactus Shadows High School (CSHS)

Is a son/daughter of employee

Is the above-named student (please check all that apply):

- Expelled or long-term suspended from any school or school district?
- Currently subject to expulsion or long-term suspension from a school or school district?
- In compliance with conditions imposed by a juvenile court?
- In compliance with a condition of disciplinary action in any school or school district?

NOTE: The following conditions apply to the Open Enrollment program:

1. An attendance 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 level.
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. Special consideration may be given to staff and Governing Board members' students.
5. Providing false information on this form will result in the application being denied or admission being revoked.

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

– Rejected

Reason for rejection: _____

Principal Signature: _____

Date: _____

cc: Superintendent's office – Date: _____

Applicant – Date: _____