NEW STUDENT REGISTRATION
NECESSARY DOCUMENTS

Dear Parents:

Please complete all forms provided in your registration packet. All lines and questions must be filled and answered. Once the forms are completed, please return them to the registrar at the school your child will be attending.

The following items are required when registering your child:

☐ Proof of Residency
☐ Birth Certificate
☐ Immunization Record
☐ Parent Picture ID
☐ Previous School Withdrawal Form / Grades
☐ Individual Education Plan (I.E.P.) (if applicable)
☐ Custody Papers (if applicable)

H.S. only: Student Transcript
H.S. only: Standardized Test Scores

Please return registration packets to:

☐ Apache Junction High School
   2525 S. Ironwood Dr • Apache Junction, AZ  85120
   480.474.3980 ext# 2323 • Fax 480.982.3787

☐ Cactus Canyon Junior High School
   801 W. Southern Ave • Apache Junction, AZ  85120
   480.677.7565 ext# 2401 • Fax 480.983.4913

☐ TLC Preschool
   2805 S. Ironwood Dr • Apache Junction, AZ  85120
   480.677.7570 ext# 3300 • Fax 480.982.1274

☐ Desert Vista Elementary School
   3701 E. Broadway Ave • Apache Junction, AZ  85119
   480.677.7510 ext# 2901 • Fax 480.288.0532

☐ Four Peaks Elementary School
   1785 N. Idaho Rd • Apache Junction, AZ  85119
   480.677.7500 ext# 2801 • Fax 480.982.1708

☐ Peralta Trail Elementary School
   10965 E. Peralta Rd • Gold Canyon, AZ  85118
   480.677.7540 ext# 3201 • Fax 480.288.4490
Parents Right-to-Know
(Teacher Qualifications — Not-Highly-Qualified Status)

Under the Federal No Child Left Behind (NCLB) Act of 2001, parents have the right to request information regarding the professional qualifications of their child’s teacher. Specifically, parents may request the following:

- Whether the teacher has met state qualification and licensing criteria for the grade levels and subject areas in which the teacher provides instruction.
- Whether the teacher is teaching under emergency or other provisional status through which state qualification or licensing criteria has been waived.
- The baccalaureate degree major of the teacher and any other graduate certification or degree held by the teacher, and the field of discipline of the certification or degree.
- Whether the child is provided services by paraprofessionals and, if so, their qualifications.

If you would like to receive this information, please feel free to contact the school principal for information regarding the professional qualifications of your child’s classroom teachers.

Thank you.
### APACHE JUNCTION UNIFIED SCHOOL DISTRICT

**2019-2020**

#### For Office Use Only
- Special Ed. Program: □ Yes □ No
- Entry Date: ____________ Re-entry Date: ____________ Perm #: ____________ Teacher: ____________
- Gifted Program: □ Yes □ No
- Entry Code: ____________ Re-entry Code: ____________ EDFI #: ____________ Locker #: ____________

**DATA ENTRY** Initial: ____________ Date: ____________

### Has this student ever attended any Arizona school? □ Yes □ No

<table>
<thead>
<tr>
<th>Student Legal Last Name</th>
<th>Student Legal First Name</th>
<th>Student Legal Middle Name</th>
<th>Legal Name Ext.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

**Last Name Student Goes By**

<table>
<thead>
<tr>
<th>Nickname Student Goes By</th>
<th>Grade</th>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Home Phone #:** ( )

**Date of Birth**

**Country of Birth**

**State of Birth**

**Foreign Exchange** □ Yes □ No

**Street Address**

Apt./Sp.#

City

**Zip Code + 4**

**Mailing Address**

Apt./Sp.#

City

**Zip Code + 4**

### Name of Siblings

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Name of Siblings</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

1. 

2. 

3. 

4. 

### Is the student Hispanic / Latino of any race? □ Yes □ No

Mark all races below which apply (must choose at least one race):

- [ ] White
- [ ] Black / African American
- [ ] Asian
- [ ] American Indian / Alaskan Native
- [ ] Native Hawaiian / Other Pacific Islander

### What is the primary language used in the home regardless of the language spoken by the student?

### What is the language most often spoken by the student?

### What is the language that the student first acquired?

**Last School Attended**

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

**Date Attended**

Specify any learning problem(s) or special help needed

**Student is living with:**

- [ ] Both Parents
- [ ] Mother Only
- [ ] Father Only
- [ ] Guardian
- [ ] Mother/Stepfather
- [ ] Father/Stepmother
- [ ] Grandparents

### If divorced, who has legal custody? □ Both Parents □ Mother Only □ Father Only

**Are there special visitation rights (during school hours)? If yes, please specify:**

**Father's First/Last Name**

**Work Phone**

**Cell Phone**

**Stepfather's First/Last Name**

**Work Phone**

**Cell Phone**

**Mother's Legal First Name**

**Mother's Legal Last Name**

**Work Phone**

**Cell Phone**

**Tribal/Clan Name (if applicable)**

**Stepmother's First/Last Name**

**Work Phone**

**Cell Phone**

**Guardian or Grandparent's Name**

**Work Phone**

**Cell Phone**

**Emergency Contact 1 (other than parent)**

**Relationship**

**Home Phone**

**Work Phone**

**Cell Phone**

**Emergency Contact 2 (other than parent)**

**Relationship**

**Home Phone**

**Work Phone**

**Cell Phone**

I hereby give my permission for the following people to pick up my child from school:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Father / Stepfather's Email:</th>
<th>Mother / Stepmother's Email:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Father / Stepfather's Signature</th>
<th>Date</th>
<th>OR</th>
<th>Mother / Stepmother's Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
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</tbody>
</table>

(Revised January 2019)
¿Alguna vez ha asistido su estudiante a una escuela de Arizona?  ☐ Sí  ☐ No

<table>
<thead>
<tr>
<th>Apellido Legal del Estudiante</th>
<th>Nombre Legal del Estudiante</th>
<th>Segundo Nombre Legal del Estudiante</th>
<th>Otro Nombre Legal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apellido que usa el Estudiante</td>
<td>Apodo que usa el estudiante</td>
<td>Grado</td>
<td>Sexo</td>
</tr>
<tr>
<td>No. de Teléfono</td>
<td>Fecha de Nacimiento</td>
<td>País de Nacimiento</td>
<td>Estado de Nacimiento</td>
</tr>
<tr>
<td>Dirección de Residencia</td>
<td>No. de Apartamento o Espacio</td>
<td>Ciudad</td>
<td>Código Postal + 4 (Zip)</td>
</tr>
<tr>
<td>Dirección Postal</td>
<td>No. de Apartamento o Espacio</td>
<td>Ciudad</td>
<td>Código Postal + 4 (Zip)</td>
</tr>
</tbody>
</table>

1. Nombre de los Hermanos (as) | Fecha de Nacimiento | 2. Nombre de los Hermanos (as) | Fecha de Nacimiento |
| 3. Nombre de los Hermanos (as) | Fecha de Nacimiento | 4. Nombre de los Hermanos (as) | Fecha de Nacimiento |

¿Es su estudiante de origen hispano o latino de cualquier raza?  ☐ Sí  ☐ No  Marque (X) una o más casillas, de la raza abajo que se aplica:
- ☐ Blanca
- ☐ Negra o africana americana
- ☐ Asiática
- ☐ India americana o nativa de Alaska
- ☐ Nativa de Hawaii o otra de las islas del Pacífico

¿Cuál idioma se habla principalmente en su hogar sin considerar el idioma que habla el estudiante?

¿Cuál idioma habla el estudiante con mayor frecuencia?

¿Cuál fue el primer idioma que aprendió el estudiante?

Ultima Escuela a la que Asistió  Dirección  Ciudad  Estado  Código Postal (Zip)

Fecha en que Asistió  Especifique cualquier problema(s) o ayuda especial necesaria

El Estudiante está viviendo con:
- ☐ Ambos Padres
- ☐ Solo la Madre
- ☐ Solo el Padre
- ☐ Guardián
- ☐ Madre / Padastro
- ☐ Padre / Madrastra
- ☐ Abuelos

En caso de divorcio, ¿Quién tiene la custodia legal?  
- ☐ Ambos Padres
- ☐ Solo la Madre
- ☐ Solo el Padre

¿Existe algún derecho especial de visita (durante las horas de clases)? Si la respuesta es sí por favor especifique:

Nombre y Apellido del Padre  No. de Teléfono del Trabajo o Celular:  Nombre y Apellido del Padastro  No. de Teléfono del Trabajo o Celular:

Nombre Legal de la Madre  Apellido Legal de la Madre  No. de Teléfono del Trabajo o Celular:

Nombre de Tribo o Clan (si se aplica)  Nombre y Apellido de la Madrastra  No. de Teléfono del Trabajo o Celular:

Nombre del Guardián o de los Abuelos  No. de Teléfono del Trabajo o Celular:

Contacto 1 en caso de Emergencia (aparte de los padres):  Relación con el Estudiante:  No. de Teléfono de la Casa:  No. de Teléfono del Trabajo o Celular:

Contacto 2 en caso de Emergencia (aparte de los padres):  Relación con el Estudiante:  No. de Teléfono de la Casa:  No. de Teléfono del Trabajo o Celular:

Por este medio doy mi permiso para que la siguiente persona recoja a mi hijo(a) de la escuela:

Nombre  Relación  Nombre  Relación

Dirección de correo electrónico de padre/padrastro:  Dirección de correo electrónico de madre/madrastra:

Firma del Padre / Padrastro  Fecha  O  Firma de la Madre / Madrastra  Fecha  
(Revised January 2019)
INTRODUCTION

Generally, under Arizona law, only Arizona residents are entitled to a free public education. The Arizona Department of Education (“Department”) is a designated steward of state education tax dollars and is responsible for providing state aid to school districts and charter schools for students who reside in Arizona. Pursuant to A.R.S. § 15-823, a school district or charter school may not include non-resident pupils in their student count and may not obtain state aid for those pupils.

The residency of a student is determined by the residency of the parent or guardian with whom the student lives. Accordingly, it is the responsibility of the school districts and charter schools that receive state aid to ensure that their student/parent residency information is accurate and verifiable.

The Department may audit schools to ensure that only Arizona resident students are reported for state aid. Any school district or charter school that cannot demonstrate the accuracy of any student’s residency status may be required to repay the state aid received for that student.

VERIFIABLE DOCUMENTATION

A.R.S. § 15-802(B) requires school districts and charter schools to obtain and maintain verifiable documentation of Arizona residency upon enrollment in an Arizona public school. This document is designed to assist school districts and charter schools in meeting the legal requirements of the statute.

The documentation required by A.R.S. § 15-802 must be provided each time a student enrolls in a school district or charter school in this state, and reaffirmed during the district or charter’s annual registration process via the district or charter’s annual registration form. The documentation supporting Arizona residency should be maintained according to the school’s records retention schedule. For members of the armed services, a school may enroll a student if the parent provides a hard-copy or electronic document of their transfer or pending transfer to a military installation within the state. The parent must provide official documentation of residency within ten days after the arrival date which may include a temporary on-base billeting facility as their address. PROOF OF RESIDENCY IS NOT REQUIRED FOR HOMELESS STUDENTS. 42 U.S.C.§ 11 432(g)(3)(C)(i).

In general, students will fall into one of two groups: (1) those whose parent or legal guardian is able to provide documentation bearing his or her name and address; and (2) those whose parent or legal guardian cannot document his or her own residence because of extenuating circumstances including, but not limited to, that the family’s household is multi-generational. Different documentation is required for each circumstance.

1. Parent(s) or legal guardian(s) that maintains his or her own residence: The parent or legal guardian must complete and sign a form indicating his or her name, the name of the school district, school site, or charter school in which the student is being enrolled, and provide one of the following documents,
which bear the parent or legal guardian’s full name and residential address or physical description of the property where the student resides (no P.O. Boxes)¹:

- Valid Arizona driver’s license, Arizona identification card
- Valid Arizona motor vehicle registration
- Valid Arizona Address Confidentiality Program authorization card
- Property deed
- Mortgage documents
- Property tax bill
- Rental agreement or lease (including Section 8 agreement or off-base military housing)
- Utility bill (water, electric, gas, cable, phone)
- Bank or credit card statement
- W-2 wage statement
- Payroll stub
- Certificate of tribal enrollment (506 Form) or other identification issued by a recognized Indian tribe located in Arizona
- Other documentation from a state, tribal, or federal agency (Social Security Administration, Veterans’ Administration, Arizona Department of Economic Security, etc.)
- Temporary on-base billeting facility (for military families)

2. **Parent(s) or legal guardian(s) that does not maintain his or her own residence:** The parent or legal guardian must have an **affidavit of shared residency** form completed indicating his or her name, the name of the school district, school site, or charter school in which the student is being enrolled, and submit a signed, notarized affidavit for the person who maintains the residence where the student lives attesting to the fact that the student resides at that address, along with a document from the bulleted list bearing the name and address of the person who maintains the residence. A model affidavit of shared residence form is available for schools at the end of this document.

**USE OF AND RETENTION OF DOCUMENTS BY SCHOOLS**

School officials must **retain a copy** of the attestations or affidavits and copies of any supporting documentation presented for each student (photocopies acceptable) that school officials believe establish validity. Documents presented may be different in each circumstance, and unique to the living situation of the student. Documents retained by the school district or charter school may be used as an indication of residency; however, documentation is subject to audit by the Department. Personally identifiable information other than name and address (SSN, account numbers, etc.) should be redacted from the documentation either by the parent/guardian or the school official prior to filing. **INFORMATION PROVIDED BY PARENTS AND GUARDIANS TO ARIZONA PUBLIC SCHOOLS IS CONFIDENTIAL AND ONLY USED FOR EDUCATIONAL PURPOSES.**

**ATTENDANCE AT ARIZONA SCHOOLS BY NON-RESIDENTS**

United States citizens that are not residents of Arizona may attend Arizona public schools upon payment of tuition pursuant to A.R.S. § 15-823(A). Tuition shall be set by the school pursuant to the formula set forth in A.R.S. § 15-824(E). Citizens of a foreign country that are not Arizona residents may attend public high schools in Arizona for up to 12 months upon payment of tuition if they abide by the requirements of federal immigration law. For more information regarding foreign students attending public high schools, see the guidance from the U.S. State Department at: [https://travel.state.gov/content/visas/en/study-exchange/student/foreign-students-in-public-schools.html](https://travel.state.gov/content/visas/en/study-exchange/student/foreign-students-in-public-schools.html)

Schools that want to enroll foreign citizens must

¹For participants in the Arizona Address Confidentiality Program (“ACP”), an ACP Authorization Card may be accepted in lieu of documentation showing the residential address or property description where the student resides.

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obtain SEVP certification. For more information regarding SEVP certification, see the guidance at: [https://www.ice.gov/sevis/i17 #2803440](https://www.ice.gov/sevis/i17 #2803440)
Arizona Department of Education
Arizona Residency Documentation Form

Student __________________________________________ School __________________________________________

School District or Charter Holder ______________________________________________________________

Parent/Legal Guardian __________________________________________________________

As the Parent/Legal Guardian of the Student, I attest* that I am a resident of the State of Arizona and submit in support of
this attestation a copy of the following document that displays my name and residential address or physical description of
the property where the student resides:

___ Valid Arizona driver’s license, Arizona identification card or motor vehicle registration
___ Real estate deed or mortgage documents
___ Property tax bill
___ Residential lease or rental agreement
___ Water, electric, gas, cable, or phone bill
___ Bank or credit card statement
___ W-2 wage statement
___ Payroll stub
___ Certificate of tribal enrollment or other identification issued by a recognized Indian tribe that contains an Arizona
   address.
___ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran’s
   Administration, Arizona Department of Economic Security)
___ I am currently unable to provide any of the foregoing documents. Therefore, I have provided an original affidavit
   signed and notarized by an Arizona resident who attests that I have established residence in Arizona with the person
   signing the affidavit.

Signature of Parent/Legal Guardian _________________________________ Date ____________________________

*For members of the armed services, the provision of verifiable documentation does not serve as a declaration of official residency
for income tax or other legal purposes.
Departamento de Educación de Arizona
Formulario de Documentación de Residencia en Arizona

Nombre del Estudiante ____________________________ Nombre de Escuela ____________________________

Distrito Escolar o Escuela Chárter ____________________________

Padre/Tutor Legal ____________________________

Como el padre del estudiante o representante legal, doy fe de que soy residente del estado de Arizona y presento como prueba de esta declaración copia del siguiente documento que muestra mi nombre y la dirección residencial o la descripción física de la propiedad donde reside el estudiante:

___ Licencia de conducir válida del Estado de Arizona, tarjeta de identificación de Arizona o registro de vehículo
___ Pasaporte válido de los EE. UU.
___ Escritura inmobiliaria o documentos de hipoteca
___ Recibo de pago de impuestos sobre la propiedad
___ Contrato de renta de casa/residencia
___ Factura de cuenta sobre el uso de agua, electricidad, gas, Cable de TV, o teléfono
___ Factura de tarjeta de crédito o de banco
___ Copia de la forma W-2 sobre declaración de ingresos
___ Talón del cheque de paga
___ Certificado de inscripción u otra identificación emitida por una tribu indígena reconocida que contiene una dirección de Arizona.
___ Documentación de una agencia estatal, gobierno federal (Administración de Seguro Social, Administración de Veteranos, Departamento de Seguridad Económica de Arizona) o agencia gubernamental de alguna tribu nativa Norte Americana.
___ Actualmente no puedo proporcionar ninguno de los documentos mencionados. Por lo tanto, he proveído una declaración original, firmada y notariada por un residente de Arizona que da fe de que he establecido residencia en Arizona con la persona que firma esta declaración.

Firma del padre/tutor legal ____________________________ Fecha ________________

#2306606
State of Arizona
Affidavit of Shared Residence

I swear or affirm that I am a resident of the State of Arizona and that the persons listed below reside with me at my residence, described as follows:

Persons who reside with me:

________________________________________

________________________________________

Location of my residence:

________________________________________

I submit in support of this attestation a copy of the following document that displays my name and current residence address or physical description of my property:

___ Valid Arizona driver’s license, Arizona identification card or motor vehicle registration
___ Real estate deed or mortgage documents
___ Property tax bill
___ Residential lease or rental agreement
___ Water, electric, gas, cable, or phone bill
___ Bank or credit card statement
___ W-2 wage statement
___ Payroll stub
___ Certificate of tribal enrollment or other identification issued by a recognized Indian tribe.
___ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran’s Administration, Arizona Department of Economic Security)

Printed Name of Affiant: ____________________________________________

Signature of Affiant: ________________________________________________

Acknowledgement

State of Arizona

County of _______________________

The foregoing was acknowledged before me this _____ day of ________________________, 20_____.

By _____________________________.

Notary Public

My Commission Expires: _________________________

#2803440
Estado de Arizona
Declaración Jurada de Residencia Compartida

Juro o afirmo soy un residente del Estado de Arizona y que las siguientes personas viven conmigo en mi residencia, se describe de las siguiente manera:

Las personas que viven con migo:

________________________________________________________________________________________________________

Ubicación de me residencia:

________________________________________________________________________________________________________

Yo presento en apoyo de esta declaración una copia del siguiente documento que muestra mi nombre y dirección de residencia actual o descripción física de mi propiedad:

___ Licencia de conducir válida del Estado de Arizona, tarjeta de identificación de Arizona o registro de vehículo
___ Pasaporte válido de los EE. UU.
___ Escritura inmobiliaria o documentos de hipoteca
___ Recibo de pago de impuestos sobre la propiedad
___ Contrato de renta de casa/residencia
___ Factura de cuenta sobre el uso de agua, electricidad, gas. Cable de TV, o teléfono
___ Factura de tarjeta de crédito o de banco
___ Copia de la forma W-2 sobre declaración de ingresos
___ Talón del cheque de paga
___ Certificado de inscripción u otra identificación emitida por una tribu indígena reconocida que contiene una dirección de Arizona.
___ Documentación de una agencia estatal, gobierno federal (Administración de Seguro Social, Administración de Veteranos, Departamento de Seguridad Económica de Arizona) o agencia gubernamental de alguna tribu nativa Norte Americana.
___ Actualmente no puedo proporcionar ninguno de los documentos mencionados. Por lo tanto, he proveído una declaración original, firmada y notariada por un residente de Arizona que da fe de que he establecido residencia en Arizona con la persona que firma esta declaración.

Nombre impreso del declarante: ________________________________________________________________

Firma del declarante: ____________________________

Acknowledgement

Estado de Arizona
Condado de Maricopa

Lo anterior fue reconocido ante me este _____ día de ________________________, 20____.

Por ________________________________

Notario Publico

Mi comisión se vence: __________________________
Student Residency Questionnaire

This questionnaire will help the school determine the services the student may be eligible to receive according to the law known as the McKinney-Vento Act.

School ___________________________ Date ___________________________

Student Name ___________________________ Grade _____ Birth Date ________________

Which best describes where the student is presently living: (Please check one)

- In a shelter, motel, vehicle, or campground
- Doubled up with friends or relatives because you cannot find or afford housing
- Awaiting foster care placement
- Living with family/friend (not parent or guardian)
- None of the above describes my present living situation. Briefly describe your situation:

________________________________________________________________________________________

Beginning date: ___________________________ End Date: ___________________________

Parent/Guardian Name: ___________________________

Contact Phone: ___________________________

Please provide the following information for school-age siblings of the student:

<table>
<thead>
<tr>
<th>Name</th>
<th>Grade</th>
<th>School</th>
<th>District</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If in need of transportation:
Student Pick Up Address: __________________________________________________________________

School Hours: __________________________________________________________

Other items in need of:
School Supplies ___________________________ School Fees ___________ (i.e. Registration, Sports, etc…)

Signature of Parent/Legal Guardian. Case Worker ___________________________ Date __________

Email completed form to AJUSD Homeless Liaison: Robyn Gonzales, rgonzale@goaj.org

Vision: AJUSD empowers students by providing them with the knowledge, skills, and ingenuity to pursue their dreams and make a positive difference in the world.
Opt Out Form for PS-8 Students

STUDENT INTERNET AND AJUSD Student Portal
Apache Junction Unified Schools provide students Internet access and AJUSD Student Portal accounts, which include email, calendars, documents and file storage to support academic activities. Teachers provide guidance and direction on the appropriate use of the Internet and AJUSD Student Portal. In accordance with the federal Child Internet Protection Act (CIPA), the district uses filters to block access to Web content that is inappropriate. Your child will be provided Internet access for the District’s educational software programs and an AJUSD Student Portal account accessible from school or home. Home Web content filtering and monitoring is the responsibility of the parent.

☐ I do not want my child to have Internet access other than the District’s educational software programs.

DISTRICT AND NEWS MEDIA
Your child may be interviewed, photographed, or audio- or video-recorded by the news media or district staff for print, radio, television, Internet content or other medium, unless you direct otherwise by checking the appropriate box(es) below:

☐ I do not want district staff to interview, photograph, or audio- or video-record my child for any purpose.

☐ I do not want the news media to interview, photograph, or audio- or video-record my child for any purpose.

DIRECTORY INFORMATION
In limited situations, the district may disclose “directory information,” which is the student’s name, address, email address, telephone number, photograph, date and place of birth, class/grade level, enrollment/attendance dates, weight and height if the student is a member of an athletic team, awards received, student work displayed, major field of study, and extracurricular participation; the parent name, address, email address and telephone number. Unless the parent opts out of directory information releases, the district will disclose such information only if the request is from (i) a post-secondary institution (e.g. college or university); (ii) a law enforcement agency or the Department of Child Safety; or (iii) a vendor selected by the school to provide a school-related service, such as class photos and yearbooks. Under no circumstance will the district provide directory information to a person or entity for a mass marketing purpose. Your child’s directory information will be released as described above, unless you direct otherwise by checking the box below:

☐ I do not want my child’s directory information released. By selecting this option, I understand that my child’s name and/or image will not be included in the yearbook, newsletters, programs, and other school and district publications.

This form must be resubmitted at the beginning of each school year.

Student Name (Please Print): ____________________________________________ Grade: __________

Parent Name (Please Print) ____________________________ Parent Signature ____________________________ Date __________
DOCUMENTATION OF COURT ORDERS

Date:____________________________________

Student Name:______________________________________  Grade:__________

Please check one of the following statements:

☐ There are no court orders or parental custody issues that apply to the student named above.

☐ I have provided a copy of all documented court orders, restraining orders, etc. that apply to the above named student.

☐ I have court orders, restraining orders, etc. that pertains to the student named above and realize that it is my responsibility to provide them to my child’s school. Until that time, I am aware that both parents will be treated as custodial parents.

Parent Name (print):________________________________________________________

Parent Signature:__________________________________________________________  Date:__________
TEMPORARY GUARDIANSHIP AGREEMENT

I, _______________________________________, of ______________________ (print your full name) (list your street address) ______________________, as the custodial parent of:

(city, state, zip)

List the Full Names of Each of Your Children List Each Child’s Birth Date

[Table]

Do hereby grant temporary custody of the above listed children to:

List the Full Names of the Individual(s) to Whom You are Granting Temporary Custody List Each Person’s Relationship to the Children

<table>
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<th>Name</th>
<th>Relationship</th>
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Mr./Ms./Mrs. ________________________’s current address is _______________________________________________________.

Statement of Consent: (To be signed in the presence of a legalized notary public.)

I, ____________________________, hereby grant temporary custody of the above children, whom I have legal custody of, to ________________________________:

① From ______________________ to ______________________.

② For as long as necessary, beginning on ______________________.

In addition, in the event of an emergency or non-emergency situation requiring medical treatment, I hereby grant permission for any and all medical and/or dental attention to be administered to my child/children, in the event of an accidental injury or illness, until such time as I can be contacted. This permission includes, but is not limited to, the administration of first aid, the use of an ambulance, and the administration of anesthesia and/or surgery, under the recommendation of qualified medical personnel.

Signature: ____________________________ Date: ______________________

Notarization:

On this _______ day of __________, ________, ____________________________________________ (name of parent)

(date) (month) (year)

personally appeared before me in __________ County (in the state of __________) and, in my presence, signed this Temporary Guardianship form.

Name of Notary Official: ____________________________

Signature: ____________________________

Commission Expires: ____________________________
Primary Home Language Other Than English (PHLOTE)  
Home Language Survey  
(Effective April 4, 2011)

These questions are in compliance with Arizona Administrative Code, R7-2-306(B)(1), (2)(a-c).

Responses to these statements will be used to determine whether the student will be assessed for English Language Proficiency.

1. What is the primary language used in the home regardless of the language spoken by the student? __________________________________________________________

2. What is the language most often spoken by the student? _______________________

3. What is the language that the student first acquired? __________________________

Student Name ______________________________________ Student ID __________________

Date of Birth _____________________________________ SAIS ID ______________________

Parent/Guardian Signature ___________________________ Date ______________________

District or Charter ______________________________________________________________

School _______________________________________________________________________

Please provide a copy of the Home Language Survey to the ELL Coordinator/Main Contact on site.

In SAIS, please indicate the student’s home or primary language.
Idioma Principal en el Hogar excluyendo el inglés (PHLOTE)
Encuesta sobre el Idioma en el Hogar
(Efectivo el 4 de abril de 2011)

Preguntas en conformidad con R7-2-306(B)(1), (2)(a-c) del Reglamento de la Junta Directiva.

Las respuestas que proporcione a las preguntas siguientes serán usadas para determinar si se evaluará la competencia en el idioma inglés de su hijo(a).

1. ¿Cuál idioma se habla principalmente en su hogar sin considerar el idioma que habla el estudiante? ______________________________________________________________

2. ¿Cuál idioma habla el estudiante con mayor frecuencia? __________________________

3. ¿Cuál fue el primer idioma que aprendió el estudiante? __________________________

Nombre del estudiante ___________________________ Núm. de identificación _____________
Fecha de nacimiento ___________________________ Núm. de SAIS ______________________
Firma del padre o tutor __________________________ Fecha _________________________
Distrito o Charter ______________________________________________________________
Escuela _______________________________________________________________________

--------------------------------------------------------------------------------------------------------------------------------------------

Please provide a copy of the Home Language Survey to the ELL Coordinator/Main Contact on site.
In SAIS, please indicate the student’s home or primary language.
REQUEST FOR RECORDS

Previous School: ______________________________________________ Fax #: ____________________

Please fax / email:

☐ Term Grades ☐ Immunization Records ☐ Birth Certificate
☐ Withdrawal Grades/Form ☐ Attendance Records ☐ Discipline Records
☐ Test Scores ☐ Special Education Records ☐ AZ State ID# (SAIS#)

High School Only:

☐ School Profile (credits to graduate, grading scale, credit value)
☐ 9th-12th grade Transcript Grades / 8th grade Term Grades
☐ Please MAIL Official Transcript

Student Name ____________________________________________ D.O.B. _____________ Grade _____________

_________________________________________ ___________________________________________

Parent / Guardian’s Signature * _____________ Date _____________

* Upon request, the School discloses education records, including disciplinary records, without consent to officials of another school district in which a student seeks or intends to enroll [34 C.F.R. § 99.31(a)(2)]. Otherwise, records are not released to most agencies, persons or organizations without prior signed and dated written consent of the parent [34 C.F.R. § 99.30].

A.R.S. § 15-828(f) Notwithstanding any financial debt owed by the pupil, any school requested to forward a copy of a transferring pupil’s record to the new school shall comply and forward the record within ten (10) school days after receipt of the request.

Please fax Special Education records to:

Apache Junction Unified School District #43
Educational & Special Services
1575 W. Southern Ave, Suite #6 ● Apache Junction, AZ 85120
480.982.1110 ext# 2043 ● Fax 480.983.6497

Please fax / email records to:

☐ Apache Junction High School
2525 S. Ironwood Dr ● Apache Junction, AZ 85120
480.474.3980 ext# 2323 ● Fax 480.982.3787
cballard@goaj.org

☐ Cactus Canyon Junior High School
801 W. Southern Ave ● Apache Junction, AZ 85120
480.677.7565 ext# 2401 ● Fax 480.983.4913
cwright@goaj.org

☐ Peralta Trail Elementary School
10965 E. Peralta Rd ● Gold Canyon, AZ 85118
480.677.7540 ext# 3201 ● Fax 480.288.4490
jsmitha@goaj.org

☐ Desert Vista Elementary School
3701 E. Broadway Ave ● Apache Junction, AZ 85119
480.677.7510 ext# 2901 ● Fax 480.288.0532
sorranti@goaj.org

☐ Four Peaks Elementary School
1785 N. Idaho Rd ● Apache Junction, AZ 85119
480.677.7500 ext# 2801 ● Fax 480.982.1708
jallred@goaj.org

Revised 2019-01
STUDENT RECORD RELEASE

☐ AJHS  ☐ CCJH  ☐ DVES  ☐ FPES  ☐ PTES

Student Name: ___________________________ D.O.B.: ___________ Grade: ______

Records from:

School / Agency / Clinical / Hospital: ______________________________________

Street Address: ____________________________________________________________

City: ___________________________ State: _______ Zip: _______________

Attention: ___________________________ Phone: __________________ Fax: ____________

Please send the following records to address indicated above:

☐ IEP (Individual Education Plan)  ☐ O.T. Evaluation  ☐ Medical Records
☐ Psychoeducational Evaluation  ☐ P.T. Evaluation  ☐ Vision Screening
☐ Speech Evaluation  ☐ Hearing Screening  ☐ Other

Federal legislation and Arizona state laws make it mandatory that we obtain written consent from parents of legal guardians of student before any school records (including confidential records) may be released.

We ask that you complete the following written consent form authorizing released and exchange of medical reports and records, psychoeducational evaluations, speech and hearing records, occupational therapy, audiological, educational, individual education programs (IEP’s) and other special education related materials.

I, the parent or legal guardian of the above named child, authorize the verbal and/or written release of his/her records to the school/agency indicated above.

Parent / Guardian’s Signature ____________________________________________ Relationship ___________ Date ___________

Revised 2019-01

Vision: AJUSD empowers students by providing them with the knowledge, skills, and ingenuity to pursue their dreams and make a positive difference in the world.
Apache Junction Unified School District
2019-2020 Calendar

July 2019

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**School Year: 180 Student Days**

| 1st Quarter: 9/27/19 - 12/20/19 = 44 days | 3rd Quarter: 3/6/20 - 5/21/20 = 43 days |
| 2nd Quarter: 12/20/19 - 1/15/20 = 46 days | 4th Quarter: 5/21/20 - 6/15/20 = 43 days |
| 1st Semester = 94 days | 2nd Semester = 86 days |

Adopted 10/23/2018

No School 1/2 Day

40th Day: September 17, 2020
100th Day: January 13, 2021
PD: 9 days  Parent/Teacher Conf.: 4 days  End of Sem.: 2 days
Dear Parent/Guardian:

RE: Open Enrollment in the Apache Junction Unified School District

Thank you for your interest in Apache Junction Unified School District. The purpose of this letter is to provide you with information about the open enrollment process for Apache Junction Unified School District. This letter and application has been prepared in accordance with Arizona State Statute (A.R.S. § 15-816.05) and Apache Junction Unified School District Governing Board Policy JFB. This statute covers open enrollment for non-resident students of our school district as well as resident students of our district.

The policy defines non-resident students as, "a pupil who resides in this state and who is seeking enrollment in a school district other than the school district in which the pupil resides." For example, a student who lives in the boundaries of the Mesa Unified School District but wants to attend a school in the Apache Junction Unified School District.

The policy defines resident transfer students as, "a resident pupil who is enrolled in or seeking enrollment in a school that is within the school district - but outside the attendance area - of the pupil's residence." This applies to our K-6 students and the attendance area boundaries identified by Apache Junction Unified School District. Any student wishing to attend a school within our district but outside his/her attendance area must fill out an Open Enrollment Application. For example, if your home is in the school boundaries for Desert Vista Elementary School, but you want your child to attend Four Peaks Elementary school, you must complete the Open Enrollment Application.

Please be advised you must apply on or before April 2, 2019 for admittance next year (2019-2020). By April 30, 2019, you will be notified in writing or by phone whether your application has been accepted, placed on a waiting list pending the availability of capacity, or rejected.

If your child or children meet the definition of a non-resident pupil or resident transfer pupil, you must fill out an Open Enrollment Application within the deadlines. Failure to comply with this policy may jeopardize your child or children's attendance within our school district or at the school of your choice. Please fill out one Open Enrollment Application for each child.

If you need additional assistance, please do not hesitate to contact me at 982-1110, ext. 2005.

Sincerely,

Krista Anderson, Ed. D
Superintendent

/edg
OPEN ENROLLMENT
APPLICATION 2019-2020

Submit this application to the School Site 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
E-mail address ____________________________________________________________________________________________
The above named student: □ resides outside the School District; or
□ resides within the School District

Present school of attendance

School _______________________________________________________ District _____________________________________
City__________________________________________________________County___________________________________

Request assignment to ____________________________________________________________ School

Is the above named student:
□ Yes □ No Expelled or long-term suspended from a school or school district?
□ Yes □ No Currently subject to expulsion or long-term suspension from a school or school district?
□ Yes □ No □ N/A In compliance with conditions imposed by a juvenile court?
□ Yes □ No □ N/A In compliance with a condition of disciplinary action in any school or school district?

Note: The following conditions apply to the open enrollment process:

1. This application must be completed and submitted on or before April 2, 2019.
2. Enrollment is subject to the capacity limit established for the school and/or its grade levels.
3. On or before April 30, 2019, the parent or legal guardian will be notified in writing whether the application has been accepted, rejected, or placed on a waiting list.
4. Transportation for the student will be the responsibility of the parent or legal guardian.
5. Providing false information on this form may result in the application being denied or admission being revoked.

Your signature affirms this student will abide by the rules, standards, and policies of the School and the District if enrolled. Examples may include absences or tardies exceeding 10% of the school year and school suspensions.

_________________________________________________ ____________________________
Signature of Parent or Legal Guardian   Date

FOR DISTRICT USE ONLY ● DO NOT WRITE BELOW THIS LINE

Student Applicant Number __________________________ Date stamp (filing date)_______________________________
□ Accepted □ Placed on waiting list Principal __________________________ Date
□ Rejected – Reason for rejection __________________________

Copies sent by school to applicant and Superintendent’s office.

Date sent _____________________________________________

APACHE JUNCTION UNIFIED SCHOOL DISTRICT NO. 43
1/18/18