

OPEN ENROLLMENT Application for Resident Transfer (school choice) & Non-Resident (out-of-district) students

Cartwright School District #83
One Team, Una Familia!

One [1] enrollment form must be filled out for each student applying. A Withdrawal Form (required by law) or other documentation of prior school enrollment (transcript, report card etc.), must be attached to this form - if applicable.

Please indicate which school is being requested for open enrollment by placing an X next to one of the schools listed below:

Raúl H. Castro Academy of Fine Arts (7-8)	Cartwright Elementary (K-8)	John F. Long Elementary (K-6)	
Glenn L. Downs Social Sciences Academy (K-8)	Holiday Park Elementary (K-6)	G. Frank Davidson (K-6)	
Starlight Park Preparatory & Community School (K-6)	Sunset Elementary (K-6)	Frank Borman Elementary (K-8)	
Desert Sands: Mass Communication & Journalism (7-8)	Heatherbrae Elementary (K-6)	Charles W. Harris Elementary (K-8)	
Marc T. Atkinson Gifted Academy (7-8)	Estrella Middle School (6-8)	Palm Lane Elementary (K-6)	
Bret R. Tarver Leadership Academy (K-6)	Peralta Elementary (K-6)	Manuel Peña Jr. Elementary (K-6)	
Cartwright Virtual Academy (K-8) – Online School	Tomahawk Elementary (K-6)	Justine Spitalny STE3AM School (K	(-8)
	DENT TRANSFER STUDENT		
School Year Applying For ***	Grade Level Applying For	Student's Current Grade Level	
Current or Last School and District Attended	School and District of Residence	ce, if different from attending	
Student's Last Name	Student's First Name	Date of Birth (MM/DD/YYYY)	
Home Address	City	State Zip	
**Kindergarten students must be 5, and First grade students must be 6 be	efore September 1. Early entrance testing ma	y be conducted prior to the start of school year.	
PARENT/GUARI	DIAN CONTACT INFORMATI	ON	
Parent's Last Name, First Name		JIRED): Cell Home Work	
Parent's Primary Email Address			
STUDENT BA	CKGROUND INFORMATION		
Check all boxes that apply to student applying for			
Gifted McKinney Vento English Learner	Fostered Special Ed (n	nust submit copy of most recent IEP and evaluation	n)
Sibling Attending a Cartwright School	N	ame(s)	
Applicant Student has Attended Cartwright School	I District School	School Year(s)	
Parent/Guardian Employed by Cartwright School I	District		
Has the student ever been retained? No	Yes If Yes, at what grade	level? grade	
Are you able to provide transportation to school? No Yes How many miles is it from your house?	Currently considered school? No	for expulsion/suspension from Yes	
Has this student ever been expelled from school? No Yes		onditions imposed by a juvenile Yes	
<u>. </u>			

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Why are you choosing our Cartwright school? (Check all that apply)			
Choice of Programs (Please Specify)			
Location			
Reputation			
Siblings already enrolled			
Please tell us how you heard about Cartwright schools.			
Live nearby			
Friends/neighbors			
☐ Family			
Social Media (website, Facebook, etc.)			
☐ Mailer			
Other			
I understand that enrollment at Cartwright District Schools will be contingent upon available capacity as outlined in District Policy JFB. If the grade or program is at capacity at the first school of choice, the parent may apply to another school that has capacity. Falsification or withholding of any information may result in the application being denied or admission being revoked. Transportation will likely be the responsibility of the parent or legal guardian. I understand that my child is expected to follow school rules, have prompt and regular attendance, and work toward achieving educational objectives. Open Enrollment applications are subject to be reviewed annually.			
Parent/Guardian Signature: This application may be required annually	Date :		
FOR SCHOOL/DISTRICT USE ONLY – DO NOT WRITE BELOW THIS LINE			
Date and Time Received:			
Accepted	Date:		
			
☐ Placed on Waiting List	Date:		

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