Hackberry Elementary School District #3

Cedar Hills School 9501 Nellie Drive Kingman, AZ 86401-8917

Phone (928) 692-0013

Fax (928) 692-1075



Open Enrollment Application Please Submitted To Hackberry Elementary School District #3 School as soon as possible, preferably by Feb. 1st of the School Year before your student attends.

			Current Grade:	
Student Name:		Date of E	Birth:	
Current School:	Current District:			
Parent Name:	Home Phone:			
Address				
(Street) (Cit	ty)		(Zip)	
Reason for seeking admission:				
Either parent a Hackberry School District employee:Yes	No	Position:		
Siblings currently attending this school:		_Grade		
Grade				
ELLSection 504Special Education (Has an IEP Previous Program Placement: Inclusion Resource		ned		
Is the applicant on or being considered for a long-term susp			YesNo	
Is the applicant under a condition imposed by court pursua	nt to A.R.S. 8-3	01 ?YesN	o	
-If yes, is the applicant in compliance with condition?Yes_	No			
Previous schools the applicant has attended:				
Name of School(s) Year(s) Attended Adv	dress	Phone Number		
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Signing this application affirms the following	;:					
1. Transportation will NOT be provided by the	e district .					
2. The applicant must agree to follow all rule:	s and regulation	s of the receiving school, including standard	s for homework, student			
conduct and attendance.						
3. This form will be used to access information	on from former s	school districts (i.e. discipline, attendance, g	rades)			
4. Proof of custody will be provided, if applic	able.					
5. Acceptance is on a yearly basis.						
Providing false information on this form may result in the application being denied or admission being revoked.						
Parent Signature	Date	Student Signature	Date			
For Office Use Only:						
Approved	-	Denied	Waiting List			
Principal Signature:			Date:			