

School Community Services

Open Enrollment/Magnet School Application 2024-2025 School Year

If student is new to TUSD please provide a copy of the BIRTH CERTIFICATE. A Birth Certificate must be provided within 30 days of enrollment. Parents may enroll in magnet and application schools directly online once an offer acceptance letter is received.

1. A separate application is required for each student.
2. All mailings are time sensitive. **Parents/guardians must notify the school to update a change of address in their student's record.**
3. Magnet schools/programs are subject to modification. Affected parents/guardians will be informed immediately if this occurs.
4. Free transportation is available for in-District magnet students, qualified open enrollment students (see [tusd1.org/schoolchoice](https://tusd1.org/schoolchoice)), and neighborhood students living more than 1.5 miles away (for elementary & K8 schools) or 2.5 miles away (for middle & high schools).

<b>Student Name (please print student name exactly as it appears on the birth certificate)</b>					
Legal Last Name:		Legal First Name:		Full Middle Name:	
Matric Number	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth	Country of Birth <input type="checkbox"/> United States <input type="checkbox"/> Other	State of Birth (US only)	
<b>Parent/Legal Guardian Information</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Student as Legal Self-Guardian					
Name:		TUSD Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, location: _____	
Home Address:		Unit #	City	TUSD Employee ID: _____	
Mailing Address:		Unit #	City	Zip Code	
Email:		Home Phone:		Cell:	Work:
<b>Program Participation</b>					
Has the student been enrolled in a special education program? <input type="checkbox"/> GATE program? <input type="checkbox"/> Dual language program? <input type="checkbox"/>					
Has the student been identified for special education services by either a school district or a local agency? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, check all services received: <input type="checkbox"/> Resource <input type="checkbox"/> GATE <input type="checkbox"/> Speech Language <input type="checkbox"/> Physical/Occupational Therapy					
<b>Language</b>			<b>Current school/preschool</b>		
Primary language used in the home regardless of the language spoken by the student?..... <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____			Preschool or school student is presently attending or last attended: _____		
Language most often spoken by the student?... <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____			_____		
Language that the student first acquired? ..... <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____			<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Charter		
<b>Race/Ethnicity</b>					
<b>1. Ethnicity</b>		<b>2. Race (check all that apply)</b>		<b>3. Student's PRIMARY racial/ethnic identity (choose only one)</b>	
Hispanic/Latino <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black / African American <input type="checkbox"/> Native Hawaiian / Other Pacific Islander		<input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Multiracial <input type="checkbox"/> Black / African American <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Native Hawaiian / Other Pacific Islander <input type="checkbox"/> White	
<b>School Choice</b>					
Grade for 2024-2025 school year (check one) <input type="checkbox"/> K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12					
<b>LIST YOUR TOP THREE SCHOOL CHOICES.</b> For Tucson High, please indicate Fine Arts magnet (FA) or Natural Science magnet (NS).					
1 <sup>st</sup> Choice				For McCorkle, please indicate if you are interested in Spanish dual language. NOTE: Davis & Roskrug are schoolwide TWDL programs.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2 <sup>nd</sup> Choice					<input type="checkbox"/> Yes <input type="checkbox"/> No
3 <sup>rd</sup> Choice					<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Sibling Information</b>					
List all siblings currently attending TUSD school(s) and/or siblings for whom a School Choice Application is being submitted who you would like placed together at the same school. <b>A separate School Choice Application is required for each sibling.</b>					
Sibling Name	Date of Birth	Current School	Grade 2024-2025		
<b>HOW DID YOU HEAR ABOUT US?</b>					
<input type="checkbox"/> Current TUSD Family	<input type="checkbox"/> Social Media	<input type="checkbox"/> Billboard	<input type="checkbox"/> Television	<input type="checkbox"/> Mailer	
<input type="checkbox"/> Personal Recommendation	<input type="checkbox"/> Online Advertisement	<input type="checkbox"/> Outside Advertisement	<input type="checkbox"/> Radio	<input type="checkbox"/> Other _____	

Signature of Parent / Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

