

Dr. Betsy Hargrove Superintendent

Shannon KavanaghExecutive Director of
Business Services

Kellie Duguid Assistant Superintendent

Dr. Melissa GonzalezExecutive Director of
Human Resources

January 2024

Dear Parents/Guardians:

As you are aware, choosing the best place for your child to attend school is an important and personal decision! What you may not know is that over 1,200 parents choose one of our Avondale Elementary School District (AESD) schools as the perfect place for their child!

Our award-winning schools demonstrate passion and commitment for educational excellence each and every day. AESD continues to be a leader in public education as we guide every student to pursue a future without limits. As an **A-rated district**, all of our schools are ranked above average with scores outpacing neighboring districts and charter schools in state testing – AESD has grown more than the state average in reading and math for the seventh year in a row. Further accolades include six of our sites recognized by U.S. News and World Report for Best in Schools. As well, AESD was recognized as the West Valley's Best of the Best and Best in the Desert in several categories to include Best School District, Best Place to Work, Best Preschool and Best Elementary School Teacher.

We know every child deserves an Avondale education. I invite you to complete your variance for the 2024-2025 school year. An application is attached to this message and additional forms are available in all school offices and on the district website. Thank you for choosing Avondale as your district of choice and look forward to future achievements through working together for the success of our children.

*Students who were enrolled in the school this year (2023-2024) and any sibling who would be enrolled concurrently with such pupils will receive preferential consideration for 2024-2025. Please complete one application for each child. Applications are due at your school office on or before March 1, 2024 for preferential consideration.

*If you are submitting the variance form electronically, please email the form to the school you would like your child to attend. Please see the email addresses below:

SCHOOL EMAIL ADDRESS LIST					
Avondale Middle School	amsregister@chooseAESD.org				
Avondale Virtual Academy (AVIA), Grades 6-8	amsregister@chooseAESD.org				
Centerra Mirage STEM Academy	cmregister@chooseAESD.org				
Copper Trails School	ctregister@chooseAESD.org				
Desert Star School	dsregister@chooseAESD.org				
Desert Thunder School	dtregister@chooseAESD.org				
Eliseo C. Felix School	efregister@chooseAESD.org				
Lattie Coor School	lcregister@chooseAESD.org				
Michael Anderson School	maregister@chooseAESD.org				
Wildflower Accelerated Academy	wfregister@chooseAESD.org				

If you have any questions, please do not hesitate to contact the District Office at 623-772-5009.

Sincerely,

Dr. Betsy Hargrove Superintendent

DH:jb

Encl: 2024-2025 Variance Form

295 W. Western Avenue Avondale, Arizona 85323 | 623.772.5000 | www.chooseAESD.org

Avondale Elementary School District #44 Open Enrollment/Variance/Attendance Application

2024-2025 School Year

SUBMIT THIS APPLICATION FOR THE SCHOOL YOU WANT YOUR CHILD TO ATTEND

					BEFORE MA					
• Schools will accept pupils throughout the school year as capacity allows. Pupils who are denied access due to capacity shall be informed that they are on a waitlist and will be notified when an opening occurs at the desired school site.										
 Open Enrollment Policy as set forth in Governing Board Policy and A.R.S. 15-816 et seq. is available upon request. 										
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					Toda	ay's Dat	e:			
Student's N	ame									
(1 child per ap	plication		T4				T:4			Middle Initial
			Last	/	/		First			Middle initial
Student's D	ate of	Birth:	Mo	onth / Day	/ Year		_			
Parent's /										
Guardian's										
Name			Last				First			Middle Initial
Work Phone	<u>.</u>		Lust	Home			Email			Trindare initial
WOIK I HOIK				Phone			REQUIRED			
Current Hor	ne			<u> </u>						
Address										
		S	Street				City		State	Zip
The above-1	name c	hild r	esides wit	hin the						School District.
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School							City			
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						Lattie Coor School				
Centerra Mirage STEM Copper Trails School				Michael Anderson School						
Desert Star School				Wildflower Accelerated Academy						
Desert Thunder School				Avondale Virtual Innovation Academy						
Desc	11 1114	iidei c	CHOOL				-8 Grade)	i innovation 2	cadenty	
						1 (0	0 01440)			
Is the above	-name									
Yes		No							ıstrıct'?	
Yes		No					2	1 1 1	.49	
Yes		No	Currently being considered for expulsion from another school or district?							
Yes		No		In compliance with conditions imposed by a juvenile court?						
Yes		No	In any special program? (Such as IEP, Gifted, 504 Plan, ELL, etc.) If yes, what type of program.							
Informatio	n on F	Brothe	ers and Si	sters						
Number of Brothers					Numbe	er of Sisters				
Name					Date of Birth	Cı	rrent School	District	•	_

Avondale Elementary School District #44 Open Enrollment/Variance/Attendance Application

2024-2025 School Year

Reason for applying/transferring:							
 NOTE: THE FOLLOWING CONDITIONS APPLY TO THE OPEN-ENROLLMENT PROGRAM: An attendance application must be completed, submitted and approved prior to admission (one form per student). Enrollment is subject to the capacity limit established for the school and/or its grade levels. Students who are denied access due to capacity shall be informed they will be placed on a waitlist and will be notified when an opening occurs at the desired school site. APPLICATION ACCEPTANCE IS ON A YEAR-BY-YEAR BASIS. Approval is on a first-come basis, with enrollment preference given to: 							
* If capacity is not sufficient to en	aroll all of these pupils, they shall be selected on the basis of the date and time of application.						
The signatory affirms that the student will abide by the rules, standards, and policies of the school and the District if enrolled. I certify that I have read, understand, and agree to comply with the Open Enrollment/Variance/Attendance Application. If submitted online, my consent may be executed by my electronic signature, typed in the signature box of the form, and my electronic signature shall be considered as an original signature for all purposes and shall have the same force and effect as an original signature. Printed Name of Parent/Legal Guardian FOR DISTRICT USE ONLY • DO NOT WRITE BELOW THIS LINE Date Received: Is student currently attending this school on 23-24 Variance? Yes No Is student's Parent/Guardian an AESD employee? Yes No Quad student resides in?							
	School Principal's Action						
Approved Waiting List Denied	List reason(s) for waitlist/denial (capacity or capacity of special program).						
Principal Signature Date:							
Superintendent's Action							
Approved Waiting List Denied	Comments (capacity or capacity of special program):						
Superintendent Signature	Date:						