



**2018-2019  
PERFORMANCE ACADEMY APPLICATION  
(Grades 3-8)  
A program of Gilbert Public School District  
at Mesquite Elementary School**

1000 E Mesquite Street  
Phone: 480.813.1240

Gilbert, AZ 85296  
Fax: 480.813.7387

Email application to: [PerformanceAcademyMES@gilbertschools.net](mailto:PerformanceAcademyMES@gilbertschools.net)  
Mail or hand deliver application to MES 1000 E. Mesquite St. Gilbert, AZ 85296  
For additional questions, please call 480-813-1240

**STUDENT INFORMATION**

Grade Request:  3  4  5  6  7  8

Last Name

First Name

M.I.

Date of Birth

Female  Male

School currently attends or most recently attended:		Phone	Fax
Address	City	State	Zip

Has the student ever been suspended or expelled from a school?  Yes  No

Is the student currently under suspension or expulsion or in the process of being suspended or expelled from another school?  Yes  No

Is the student currently being supervised by a juvenile court?  Yes  No

If new to GPS, ALL requests must have the most recent grade report or transcript, attendance, and discipline reports attached.

**SPECIAL SERVICES**

Please complete the following information to help us plan a program for your student.

Yes  No Does or has your child ever received any Special Education Services? If yes, what services? \_\_\_\_\_

Yes  No Does your child have an IEP? If yes, what areas does it address? \_\_\_\_\_

Yes  No Does or has your child ever received any English as a Second Language (ELL) services?

Yes  No Does your child have a 504 Accommodation Plan? If yes, what is it for? \_\_\_\_\_

**GYM/STUDIO/CENTER AFFILIATION**

Gym/Studio/Center Name	Daily Practice Times	Coaches Name

Who will be picking student up from practice? \_\_\_\_\_

Gym/Studio/Center Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OVER

Dawn Koberstein, Principal

Home of the Mountain Lions

What would you like us to know about your child?

[Empty text box for child information]

How did you hear about the program?

[Empty text box for program source]

**PARENT/GUARDIAN COMPLETING APPLICATION**

Parent/Guardian Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Is either parent/guardian a Gilbert Public Schools Employee? If so, list name and site.. \_\_\_\_\_

**ADDRESS WHERE CHILD RESIDES**

Parent/Guardian Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Providing false information on this application or submitting multiple applications will result in the application(s) being denied or admission being revoked. Failure to comply with school and district rules could lead to revocation of enrollment status.**

**By signing this document, you are guaranteeing your child's attendance on a regular basis. Please print application to sign.**

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

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Time Received: \_\_\_\_\_ Received By: \_\_\_\_\_

Date/Time Stamp

Priority

Approved *Once accepted, continuing open enrollment is subject to review each year without reapplication if continuing at enrolled site.*  
 Denied

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_