

Enrollment for the 2025-2026 School Year

Only a complete and accurate Enrollment Interest Form will be accepted.

Open Enrollment Procedures:

1. **To be considered for open enrollment and meet the statutory requirements you must complete the enrollment interest form and provide proof of Arizona residency. You must provide proof of age and identity within 30 days.**
2. Open enrollment is on a first come first served basis and is contingent on available classroom space and submittal of required documents. Families of returning students have priority for class placement.
3. To be considered for open enrollment, please complete and submit the *Open Enrollment Interest Form* online, or by fax or email to:
Fax: 480-964-6566
Email: faguirre@burkebasicschool.com.
Proof of Age and Identity Information [Proof of Age and Identity Information](#)
AZ Residency Documentation Forms [AZ Residency Documentation Forms](#)
4. Once your Open Enrollment Interest Form and documentation listed in #3 has been received and your enrollment placement has been accepted, you will be contacted by the school to complete your Registration.
5. Phone calls will not typically be made unless additional information is needed.

Thank you for your interest in Burke Basic School.

Full day kindergarten and bus transportation are both provided without charge. The Federal Free and Reduced-Price Lunch Program is available for those who qualify.

Notice of Non-Discrimination: Burke Basic School does not discriminate on the basis of race, color, national or ethnic origin, religion, gender, disability or age in its hiring and enrollment practices, nor in the administration of any of its programs or activities.

SELECT THE SCHOOL YEAR YOU ARE INTERESTED IN

2025-2026

2026-2027

STUDENT INFORMATION

Student Name: _____ Gender: M F
Birthdate: _____ Grade Applying For: _____
School Currently Enrolled: _____ Last Grade Completed: _____
Has your child been expelled or in the process of expulsion? Yes No

PARENT/GUARDIAN INFORMATION

FATHER INFORMATION

Father Name: _____ Address: _____
Phone Numbers / Primary: _____ Cell: _____ Work: _____
Email Address: _____

MOTHER INFORMATION

Mother Name: _____ Address: _____
Phone Numbers / Primary: _____ Cell: _____ Work: _____
Email Address: _____

GUARDIAN INFORMATION

Guardian Name: _____ Address: _____
Phone Numbers /Primary: _____ Cell: _____ Work: _____
Email Address: _____

MILITARY CONNECTED STUDENT

Military Connect Student (Please indicate yes or no to whatever applies to this student)

_____ Student is a dependent of a member of the United States military service Air Force, Army, Marine Corps, Navy, or Coast Guard on Active Duty

_____ Student is a dependent of a fulltime member of the National Guard, or Reserve force of the United States military (Air Force, Army, Marine Corps, Navy).

_____ Student is a dependent of a member of the National Guard, or Reserve force of the United States military (Air Force, Army, Marine Corps, Navy).

_____ None of the above

Date: _____

Name of person submitting this form: _____