

MARICOPA WELLS MIDDLE SCHOOL
BLENDED LEARNING APPLICATION FORM
 FOR THE 2023-2024 SCHOOL YEAR

Please fill in completely

Student Information			
First Name	Last Name	Birthdate	23-24 Grade Level <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8
Address (Street, City, Zip Code)			Gender
Are you within MWMS boundaries? <input type="checkbox"/> YES <input type="checkbox"/> NO* <input type="checkbox"/> Unsure *Placement into the program is contingent on approval of your boundary exception request.			
Current School of Attendance <input type="checkbox"/> DWMS <input type="checkbox"/> MWMS <input type="checkbox"/> BES <input type="checkbox"/> MES <input type="checkbox"/> PBES <input type="checkbox"/> SCES <input type="checkbox"/> SES <input type="checkbox"/> SRES <input type="checkbox"/> MVA <input type="checkbox"/> Other:		Current blended student? <input type="checkbox"/> YES <input type="checkbox"/> NO Sibling/relative in blended? <input type="checkbox"/> CURRENT <input type="checkbox"/> PAST <input type="checkbox"/> NO	
If you are an incoming 6 th grader, who is/was your 5 th grade teacher?			
Parent/Guardian Information			
First Name	Last Name	eMail (REQUIRED)	
Does this child: have an IEP? <input type="checkbox"/> YES <input type="checkbox"/> NO have a 504? <input type="checkbox"/> YES <input type="checkbox"/> NO qualify as gifted? <input type="checkbox"/> YES <input type="checkbox"/> NO			
MUSD Blended Learning Registration Guidelines			
Step One: Students currently enrolled in the Blended Learning program have priority placement. Step Two: As space is available, students will be placed into the program in the order the application is received. If the number of applications exceed availability, students will be put on a waitlist and parents will be notified as space is available.			
NOTE 1: A student not meeting the requirements of the program, may be removed from the blended classroom. NOTE 2: The complexity of the blended instructional schedule may limit options for classes outside of the program.			
STUDENT RESPONSE: Write a complete paragraph on why you would be a good candidate for the Blended Learning program.			
Student Signature		Student ID	Date
Parent Signature			Date
Office Use Only			
Date Received	Registration Number	Cohort Assigned	