

APPLICATION FOR INTRADISTRICT OPEN ENROLLMENT

(Please Print)

For School Year: _____

Student name _____

Name of school in your residential area _____

Name of school you are requesting your student(s) attend _____

Student's grade level for upcoming school year _____

Parent/guardian name(s) _____

Address _____

Street

City

State/Zip

Phone _____ Email _____

REASON FOR YOUR REQUEST

(Please check all that apply)

_____ Program(s) that are not available at assigned school

_____ Convenience

_____ Previously attended requested school

_____ Educational needs of applicant

In order for us to serve our community better, we ask that you provide more information about your requested transfer. (Use back of this page if necessary.)

This application must be filed yearly with the Superintendent by **May 31** for the upcoming school year. No resident shall be denied admission to the District or to a particular course or instructional program or otherwise discriminated against for reasons of race, color, national origin, citizenship status, ancestry, religion, sex, economic status, marital status, pregnancy, age, disability, military status or sexual orientation. For more information, call 614.231.7611.

Decision _____ Date parent notified: _____

For office use only: Date received _____ Time received _____