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.)

____________________________________________________________________________________

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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 __________________________

Bexley City School District, Bexley, Ohio