

APPLICATION FOR INTRA DISTRICT OPEN ENROLLMENT

Student name _____

Name of current school attending _____

Name of school requested _____

Student's grade level for upcoming school year _____

Parent/guardian name(s) _____

Address _____
Street City State/Zip

Home phone _____ Work phone _____

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 with the Superintendent from **May 31 to August 1** for the next 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, gender, disability, or any other basis of unlawful discrimination. For more information, call 614.231.7611.

PARENT NOTIFICATION

Decision date _____ Reason _____

For office use only: Date received _____ Time received _____

Revised: April 17, 2006