

OPEN ENROLLMENT APPLICATION – Page 2

6. Special and/or unique instructional programs in which the applicant student expects to enroll during the next school year. _____

7. Transportation arrangements that will be made by the parent/guardian.

8. Parent/Guardian's Name _____
(please print)
Parent/Guardian's Address _____
(please print) (street) (PO Box)

(City/State/Zip)

Email Address: _____

Home Phone _____ Work Phone _____

Message Phone _____ Work Phone _____

I have read the school district policy on open enrollment, and hereby request that my son/daughter be permitted to attend _____.

(Name of proposed receiving school)

Parent/Guardian's Signature: _____

Date of Application: _____

() Approved () Disapproved Date: _____

Superintendent's Signature _____

Within 60 days following action on the application, copies must be sent to: Parents, Building Principal and, for out-of-district applicants, the superintendent of the home district. If the application is denied, a written explanation for the denial must be attached.