

INTRA-DISTRICT OPEN ENROLLMENT APPLICATION

Date _____

Name of Student _____ DOB _____

Parent/Guardian Name _____

Address _____ Telephone _____

Grade Level of Student for Upcoming Year _____

Name of Current School Attended _____

Name of School to be Transferred To _____

Application must be received by the Director of Pupil Personnel no later than May 31st of each year.

(For office use only)

Received by _____

Date _____ Time _____

Approved _____ Rejected _____

Signature of Official _____

Reason(s) _____

Date Parent Notified _____

Returning this form DOES NOT GUARANTEE that your child will be accepted for Intra-district Open Enrollment, only that you child will be considered.