Milton-Union Exempted Village Inter-District Open Enrollment Application

School Year Applying For: 2019-2020

NOTE: This application MUST be submitted to the District Superintendent between the date received and May 15. You will receive notification of Acceptance/Non-acceptance by June 26. <u>Parents are responsible for transportation</u>.

Complete Student Information (Please print)

Student First Name:	Middle:	Student Last Name:
Student Address:		
City, State, Zip:		
Phone:		•
Parent Name:	Contaction Deposits and Consulting II	
Circle one: ▶	Custodial Parent/Legal Guardian/F	
	t of Hispanic/Latino heritage? (circl	,
Race:		erican
	Asian Native Hawaiian/othe	
Native Language:	☐ English ☐ Spanish ☐ Japane	se Other
Complete Stude	ent Information (Please pri	nt)
	Grade Entering:	
Name of District of Legal Residence:		
School Last Attended o	D	
Name of School Requested:		
High School - List Spe	cific Courses Desired:	
Attending Miami Valley	Career Tech. Center: yes no	
Reason for Reques	ting Open Enrollment:	
Are Special Educat	ion Services needed?	If yes, and you are new to the M-U District, the IEP & MFE must be attached to this application.
		no If yes, give reason:
Are other siblings curre	ntly enrolled at M-U? ☐ yes ☐ no If y	res, give names and grade level:
Signature of Par	rent/Guardian:	Application Date:
	DO NOT WRITE BELOW TH	IIS LINE - OFFICE USE ONLY
Superintendent ³	s Recommendation:	
Date Received:	Approved	Denied Effective Date:
Superintendent S	Signature:	Date
Reason for Denia	al:	
	ent:	District Superintendent Copy Sent: