

**INTERDISTRICT OPEN ENROLLMENT APPLICATION FOR WESTERN LOCAL SCHOOL DISTRICT**

**NOTE:** This application must be returned to the Superintendent of the intended district of enrollment. All approved transfers are in effect for one school year.

Name of student: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_

(Last)

(First)

(Middle)

Student Date of Birth: \_\_\_\_\_ Student Social Security Number: \_\_\_\_\_ Race\*\* \_\_\_\_\_

Student Birth Place: County \_\_\_\_\_ State \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

Present School District of residence: \_\_\_\_\_

School building attended last school year: \_\_\_\_\_

Grade level of student for upcoming school year: \_\_\_\_\_

Is student enrolled in any special education or tutorial programs or has been evaluated for or referred to special education? **Circle:** Yes or No

If yes, please explain. \_\_\_\_\_

Note: Please attach I.E.P.

Has the student been suspended ten consecutive days or more or expelled during this semester or the previous semester? **Circle:** Yes or No

If specific high school courses are desired, list classes: (open enrollment acceptance does not guarantee that every course requested will be available).

\_\_\_\_\_ ; \_\_\_\_\_ ; \_\_\_\_\_ ; \_\_\_\_\_ .

- ❖ *Applications must be received no later than September 30<sup>th</sup> of the requested school year.*
- ❖ *Student must meet the requirements for graduation from the district for which they have been accepted.*
- ❖ *Requests will be acted upon within ten (10) days of receipt. Parents must indicate acceptance within ten (10) days of notice of acceptance.*
- ❖ *Misinformation or incomplete information will result in student's application being denied or the student being returned to his district of residence*
- ❖ ***\*\*Required data as per Senate Bill 140 – Interdistrict Open Enrollment***

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I have read and understand the admitting procedures and the student application.

Printed Name of Parent/Guardian \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**(For Office Use Only)**

- \_\_\_\_\_ *Reapplication (child was an Open Enrollment student here last year)*
- \_\_\_\_\_ *New application (first time request for Open Enrollment, made prior to Sept. 30<sup>th</sup>)*
- \_\_\_\_\_ *To complete year (request made after first full week of October and was part of our count)*

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Notification Sent \_\_\_\_\_

Approved \_\_\_\_\_ Rejected \_\_\_\_\_ Reasons(s) \_\_\_\_\_

Signature of Official: \_\_\_\_\_ Title: \_\_\_\_\_

**\*\*No student shall be denied admission to the Western Local School District or to a particular course or instructional program or otherwise discriminated against for reasons of race, color, national origin, sex, handicap, or any other basis of unlawful discrimination.**

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