

**Milton-Union Exempted Village  
Inter-District Open Enrollment Application  
School Year Applying For: 2020-21**

*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. Parents are responsible for transportation.*

**Complete Student Information (Please print)**

Student First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Student Last Name: \_\_\_\_\_  
 Student Address: \_\_\_\_\_  Male  Female  
 City, State, Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Phone: \_\_\_\_\_ County of Residence: \_\_\_\_\_  
 Parent Name: \_\_\_\_\_ Birth Place City: \_\_\_\_\_  
 Circle one: ▶ Custodial Parent/Legal Guardian/Foster Parent  
**Is student of Hispanic/Latino heritage?** (circle one) Yes No  
**Race:**  White  Black or African American  Indian or Alaskan Native  
 Asian  Native Hawaiian/other Pac Islander  
**Native Language:**  English  Spanish  Japanese  Other

**Complete Student Information (Please print)**

Grade Entering: \_\_\_\_\_  
 Name of District of Legal Residence: \_\_\_\_\_  
 School Last Attended or Presently Attending: \_\_\_\_\_  
 Name of School Requested: \_\_\_\_\_  
 High School - List Specific Courses Desired: \_\_\_\_\_  
 Attending Miami Valley Career Tech. Center:  yes  no  
 Reason for Requesting Open Enrollment: \_\_\_\_\_  
 Are Special Education Services needed?  yes  no **If yes, and you are new to the M-U District, the IEP & MFE must be attached to this application.**  
 Has student been suspended/expelled from school?  yes  no If yes, give reason: \_\_\_\_\_  
 Are other siblings currently enrolled at M-U?  yes  no If yes, give names and grade level: \_\_\_\_\_

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

**DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY**

**Superintendent's Recommendation:**

Date Received: \_\_\_\_\_  Approved  Denied Effective Date: \_\_\_\_\_  
 Superintendent Signature: \_\_\_\_\_ Date \_\_\_\_\_  
 Reason for Denial: \_\_\_\_\_

Date Parent Copy Sent: \_\_\_\_\_ District Superintendent Copy Sent: \_\_\_\_\_