

REQUEST FOR OPEN ENROLLMENT

Date: _____ School Year: _____

Student's Name: _____ Grade Level: _____

Parent(s)/Guardian Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Home School: _____

School Requested: _____

As the parent/guardian of the above-named student, I understand:

- Enrollment is contingent upon a student's providing his own transportation
- An open enrollment will be valid throughout the grades served by the school
- Approval of this request is for the above-named student. It does not insure approval of siblings.
- This open enrollment approval is contingent upon the above-named student attending within the first five (5) school days of the _____ year.

Parent Signature: _____ Date: _____

I have received the above request and: _____ Approve
_____ deny for the following reason:

Administrator Signature: _____ Date: _____