



TRI-VILLAGE LOCAL SCHOOLS



INTER District Open Enrollment Application

Use this application when applying from OUTSIDE the TRI-VILLAGE LOCAL School District.

School Year Applying For: **2017-2018**

NOTE: This application MUST be submitted to the District Superintendent between April 1 - April 15

Complete Student Information (Please print)

Students First Name _____ Middle: _____ Student Last Name _____

Student Address: _____ Gender: M F

City, State, Zip: _____ Date of Birth _____

Phone: _____ Cell #: _____ Month Day Year

Parents/Guardian: _____ Birthplace City: _____

Ethnicity: White Black Hispanic Asian/Island Pacific Native American
(Mark all that apply) Other: _____

Native Language English Spanish Japanese Other: _____

Complete School Information (Please Print)

Grade Entering: _____ Will student be attending MVCTC? Yes No

School or District Residing _____

School Last Attended or Presently Attending: _____

School of Request: Tri-Village Local Schools SSID: _____

High School – List Specific Courses Desired: _____

Reason for Request: _____

Is Student Identified: Gifted Special Ed (Attach IEP) Title I 504 Plan (Attach 504 Plan)

Is the student enrolled in a special program? Yes No Does student have an IEP? Yes No

If yes, please explain: _____

Does the student have an unresolved discipline situation? Yes No

Has student been expelled 10 or more consecutive days during the current or previous school term? Yes No

If yes, please explain: _____

Signature of Parent/Guardian: _____ Date: _____

- Open Enrollment may impact athletic eligibility. Contact the Athletic Director for details about eligibility.
- This is not a registration form. The enrollment process must be completed upon the approval of the open enrollment application.
- Parents and students will be notified of rejection or acceptance. To insure accuracy notification may not occur prior to August of enrolling year.
- Non-payment of fees may result in the termination of open enrollment.
- Falsification of this open enrollment form may result in an automatic denied application at any time during the given school year.

DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY

School of Request Recommendation:

Date form Received: _____ Approved Denied

Principal's Signature _____ Reason for Denial: _____

Superintendent's Recommendation:

Date form Received: _____ Approved Denied

Principal's Signature _____ Reason for Denial: _____

Copies to: Parent Adjacent District Superintendent Building Level

Date of first Attendance: _____ EMIS Effective Date: _____



AGREEMENT TO AN INTER-DISTRICT OPEN ENROLLMENT

We have been properly informed that our child is to be enrolled in a school we have selected in an adjacent district and agree to the following conditions:

- A. Our child may not be admitted or may need to be transferred back to his/her home school at the end of the **2017-2018** or the school year, if the maximum number of enrollments in the classroom or program s/he is attending become filled by students of that school district or by tuition students.
- B. If our child should require special education services or a reasonable accommodation for a Section 504 disability, s/he may be transferred back to a school in this district or to a school in that district that currently provides such services or can make the accommodation, if the school s/he is attending is not providing the services or cannot make the reasonable accommodation.
- C. We shall provide the transportation for our child(ren) either to the school s/he will be attending or to a school bus stop within that school district.
- D. We understand that the enrollment is only for the current school year and we must make the application again next year.

Parent

Parent

Date