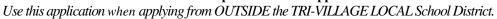


## TRI-VILLAGE LOCAL SCHOOLS







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

	Comple	ete Student Informat	tion (Please print)		
Students First Name		Middle:	_ Student Last Name	Total Non-residents	
Student Address:			☐ Male	☐ Female	
City, State, Zip:					
Phone:	( )			Month Day Year	
Parents/Guardian: Ethnicity: (Mark all that apply) Native Language	☐ White ☐ Black ☐ Other: ☐ English ☐ Spanish	IHispanic □Asian/		ive American	
Complete School Information (Please Print)					
	Grade Entering:	Will stude	nt be attending MVCTO	? □ Yes □ No	
School or District Residing					
School Last Attended or Presently Attending:					
School of Request:					
High School – List Specific Courses Desired:					
Reason for Request:  Is the student enrolled in a special program?  If yes, please explain:  Does the student have an unresolved discipline situation?  Yes INO  Yes INO  Yes INO					
If yes, please explain:					
Signature of Parent/Guardian:  Open Enrollment may impact athletic eligibility. Contact the Athletic Director for details about eligibility.  This is not a registration form. You must enroll at the main office to schedule classes.  Parents and students will be notified of rejection or acceptance. To insure accuracy notification may not occur prior to August of enrolling year.  Falsification of this open enrollment form may result in an automatic denied application at any time during the given school year.					
		E BELOW THIS LI	NE - OFFICE USE C	ONLY	
School of Request R Date form received: Principal Sig		☐ Approved	☐ Denied Reason for Denial:	Date	
,			Reason for Deliai.		
Superintendent's Rec Date form received:	commenuation;	☐ Approved	☐ Denied	Date	
Superintendent Signa	ature:		Reason for Denial:		
Date Parent Copy S Date of first Attenda		Adjacent District S	Superintendent Copy Ser	nt:	



## 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 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.				
В.	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.	2. 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					