



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: _____

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: _____ Male Female

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**

High School – List Specific Courses Desired: _____

Reason for Request: _____

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

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. 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.

DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY

School of Request Recommendation:

Date form received: _____ Approved Denied Date _____

Principal Signature: _____ Reason for Denial: _____

Superintendent's Recommendation:

Date form received: _____ Approved Denied Date _____

Superintendent Signature: _____ Reason for Denial: _____

Date Parent Copy Sent: _____ Adjacent District Superintendent Copy Sent: _____

Date of first Attendance: _____ First Day for Kindergarten Students – _____



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.
- 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