

**INTERDISTRICT OPEN ENROLLMENT APPLICATION**

STUDENT NAME: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_ Work

SCHOOL DISTRICT OF RESIDENCE \_\_\_\_\_

BUILDING PRESENTLY ATTENDED \_\_\_\_\_

GRADE LEVEL OF STUDENT IN 20\_\_-20\_\_ \_\_\_\_\_

IS STUDENT ENROLLED IN ANY SPECIAL EDUCATION OR TUTORIAL PROGRAMS? \_\_\_\_\_

IF YES, EXPLAIN:

IF STUDENT WILL BE IN GRADES 9-12, LIST ALL COURSES REQUESTED FOR THE 20\_\_-20\_\_ SCHOOL YEAR

- |          |          |          |
|----------|----------|----------|
| 1. _____ | 4. _____ | 7. _____ |
| 2. _____ | 5. _____ | 8. _____ |
| 3. _____ | 6. _____ | 9. _____ |

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(FOR OFFICE USE ONLY)

Received by: \_\_\_\_\_

Time: \_\_\_\_\_

Date: \_\_\_\_\_

APPLICATION APPROVED \_\_\_\_\_ REJECTED \_\_\_\_\_

REASONS:

SIGNATURE OF OFFICIAL \_\_\_\_\_ DATE \_\_\_\_\_

*No student shall be denied admission to the Eastern Local School District or to a particular course or instructional program or otherwise discriminated against for reasons of race, color, national origin, sex, handicap, or any other basis of unlawful discrimination.*