

CALDWELL SCHOOL DISTRICT

OPEN ENROLLMENT APPLICATION

For School Year 20__ - 20__

NOTE: For out-of-district applicants, a copy of the applicant student's accumulative record must be attached to the application.

_____ Out-of-District Application _____ In-District Transfer Application

Name of the Receiving School _____

1. Applicant Student's Name _____
Date of Birth _____

2. School Student is Presently Attending _____
(Name of School)

3. Has the student ever been suspended or expelled from school? ___Yes ___No
If YES, describe the circumstances (including dates and duration). _____

4. Reason(s) for requesting attendance in this school. (Optional) _____

5. Special and/or unique instructional programs in which the applicant student is currently enrolled. (For example: vocational, foreign language, remedial, special education, gifted/talented, LEP, etc.)

6. Special and/or unique instructional programs that the applicant student expects to enroll in during the next school year.

7. Transportation arrangements that will be made by the parent/guardian.

8. Parent/Guardian's Name _____

Parent/Guardian's Address _____

Home Phone # _____

Work Phone # _____

Work Phone# _____

I have read the school district policy on open enrollment, and hereby request that my son/daughter be permitted to attend _____
(Name of receiving school)

Parent/Guardian's Signature _____

Date _____

_____ Approved

_____ Disapproved

Date _____

Superintendent's/or designee's Signature _____

Following action of the application, copies must be sent to:

Parents

Building Principal

(For out-of-district applicants) The superintendent of the home district

If the application is denied, a written explanation for the denial must be attached.