INTERDISTRICT OPEN ENROLLMENT APPLICATION

Name of student: (Last) (First) (Middle) Student Date of Birth: Student Social Security Number: Race** Student Birth Place: County State Mother's Maiden Name Present School District of residence: School building attended last school year: Grade level of student for upcoming school year: Is student enrolled in any special education or tutorial programs or has been evaluated for or referred to speducation? Circle: Yes or No If yes, please explain. Note: Please attach I.E.P. Has the student been suspended ten (10) consecutive days or more or expelled during this semester or previous semester? Circle: Yes or No If specific high school courses are desired, list classes: (open enrollment acceptance does not guarantee every course requested will be available). **Applications must be received no later than September 30th of the requested school year. **Student must meet the requirements for graduation from the district or which they have been accepted. Requests will be acceptance dupon within ten (10) days or receipt. Parents must indicate acceptance within ten (10) of notice of acceptance. **Meguired data as per Senate Bill 140- Interdistrict Open Enrollment. I have read and understand the admitting procedures and the student application. Printed Name of Parent/Guardian: Date: (For Office Use Only) Reapplication (child was an Open Enrollment student here last year) New application (first time request for Open Enrollment, made prior to Sept. 30th) To complete year (request made after first full week of October and was part of our count)	approved transfers are in	,	·			
Student Date of Birth: Student Social Security Number: Race**		/ □:	irot)	(Middle)	Sex: M	F
Present School District of residence: School building attended last school year: Grade level of student for upcoming school year: Is student enrolled in any special education or tutorial programs or has been evaluated for or referred to special education? *Circle:* Yes or No* If yes, please explain. Note: Please attach I.E.P. Has the student been suspended ten (10) consecutive days or more or expelled during this semester or previous semester? *Circle:* Yes or No* If specific high school courses are desired, list classes: (open enrollment acceptance does not guarantee every course requested will be available). * Applications must be received no later than September 30th of the requested school year. * Student must meet the requirements for graduation from the district for which they have been accepted. * Requests will be acted upon within ten (10) days of receipt. Parents must indicate acceptance within ten (10) of notice of acceptance. * Misinformation or incomplete information will result in student's application being denied or the student returned to his/her district of residence. * "Required data as per Senate Bill 140 - Interdistrict Open Enrollment. I have read and understand the admitting procedures and the student application. Printed Name of Parent/Guardian	Student Date of Birth:	Stude	ent Social Security N	(Middle) Number:	Race**_	
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	New a	pplication (first time	request for Open E	nrollment, made pric	or to Sept. 30th)	r count)
Received by: Date: Notification Sent	Received by:		Date:	Notifica	ation Sent	
Approved Rejected Reason(s)	Approved F	Rejected	Reason(s)			
Signature of Official: Title:						

^{**}No student shall be denied admission to the Western 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.