

ELMWOOD LOCAL SCHOOL DISTRICT

INTER-DISTRICT OPEN ENROLLMENT (For students living outside the Elmwood LSD)

1. I, the parent/guardian, have read and understand that I must re-apply yearly for inter-district transfers **(May 1 (beginning at 8:00 a.m.) or the first subsequent business day thereafter through May 31 (ending at 4:00 p.m.) or the prior business day before.)**; and that if I do not re-apply, my child will return to and attend his/her home district school. I also have read and understand that applying is not a guarantee of inter-district transfer and the application may be denied. Initial: _____
2. I, the parent/guardian, understand that I must enroll at my child's district of residence before being eligible for inter-district open enrollment. (Primarily for kindergarten students) Initial: _____
3. I, the parent/guardian, have read and understand that I will be notified of the Superintendent's decision during the week prior to school starting (typically the third week of August). Initial: _____

This is my child's:

- ____ First Year Application for Inter-District Open Enrollment for anticipated grade ____ next school year.
____ Yearly Re-Application for Inter-District Open Enrollment for anticipated grade ____ next school year.
____ Request to remain at Elmwood due to moving out-of-district during the current school year: grade ____

STUDENT NAME _____ DATE OF BIRTH _____

SOCIAL SECURITY NUMBER _____ MALE _____ FEMALE _____

Ethnic Group: ____ White, Non-Hispanic ____ Black or African American (Non Hispanic) ____ Hispanic/Latino ____ Asian
____ American Indian or Alaskan Native ____ Native Hawaiian or Pacific Islander ____ Multiracial

PRESENT SCHOOL DISTRICT OF RESIDENCE _____

SCHOOL BUILDING PRESENTLY ATTENDING _____ CURRENT GRADE LEVEL _____

Please indicate if the student *has ever received* or is currently receiving special education services, i.e. IEP, 504... in child's previous educational experience. Attach most current IEP and/or other pertinent documentation.

- Specific Learning Disability Developmental Handicapped Severe Behavior Disability
 Speech Therapy Multiple Handicapped
 Other (Specify i.e. health, hearing, visual, 504, Title I Remedial...) _____

If no to the above, please indicate if any process for special needs services has been initiated for this student. ____ Yes ____ No

If for high school, list desired courses _____; _____; _____; _____; _____; _____

Has the student been expelled or suspended (or suspension/expulsion has been initiated) with the last 12-month period? ____ Yes ____ No

If the transfer is granted, can you provide transportation for your child? ____ Yes ____ No

PARENT / GUARDIAN NAME _____

ADDRESS _____ CITY _____ ZIP _____

(Please submit proof of residency with this application. i.e. lease agreement, purchase agreement, current electric / gas bill with custodial parent's name & the address.)

TELEPHONE # (Home) _____ TELEPHONE # (Work) _____

Parent/Guardian Signature _____ Date: _____

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

(For Office Use Only)

Form received in superintendent's office by: _____ Date _____ Time _____

____ APPROVED ____ DENIED REASON(S) _____ Building Assignment: ____ H.S. ____ M.S. ____ ELEM

SIGNATURE OF OFFICIAL _____ Proof of Residency supplied _____

Updated 3/14/22