

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 and May 31**); 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 _____

Updated 4/16