

INTERDISTRICT OPEN ENROLLMENT APPLICATION

NOTE: This application must be returned to the superintendent of the student's adjacent district of choice. All approved transfers (open enrollment acceptances) are in effect for one school year.

Please provide complete information (such as street or route, city & zip; telephone number, social security number, birth date, high school classes needed) to all questions even if your child has attended Waverly City Schools previously.

Date _____ Student Social Security # _____ Date of Birth _____

Name of Student _____
(Last) (First) (Middle)

City of Birth _____ Mother's Maiden Name _____

School District of Residence _____

School Building Presently Attending _____

Grade Level of Student for Upcoming School Year _____

Is student enrolled in any Special Education or tutorial programs or has student been evaluated for or referred to Special Education? _____

If "Yes", please explain (Attach IEP) _____

Has the student been suspended ten consecutive days or more or expelled during this semester or the previous semester? _____

Name of school district student is requesting to attend _____

If for specific high school courses, list desired classes: _____
_____ ; _____ ; _____ ; _____ ; _____

Student must meet the requirements for graduation from the district for which he/she has been accepted.

Applications will be accepted through August 1st. Requests will be acted upon as soon as possible after application is received. Parents must indicate acceptance of transfer within two (2) weeks of notice of acceptance.

I have read and understand the admitting procedures and the student application.

Parent/Guardian Signature _____ Date _____

Address _____ Phone No. _____

Received by _____ Date _____ Time _____

Approved _____ Rejected _____ Reason(s) _____

Superintendent's Signature _____ Notification letter sent _____