

**INTERDISTRICT OPEN ENROLLMENT APPLICATION
2011-12**

STUDENT NAME: _____

PARENT/GUARDIAN NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: (____) _____ Home (____) _____ Work

SCHOOL DISTRICT OF RESIDENCE _____

BUILDING PRESENTLY ATTENDED _____

GRADE LEVEL OF STUDENT IN 2011-12 _____

IS STUDENT ENROLLED IN ANY SPECIAL EDUCATION OR TUTORIAL PROGRAMS? _____

IF YES, EXPLAIN:

IF STUDENT WILL BE IN GRADES 9-12, LIST ALL COURSES REQUESTED FOR
THE 2011-12 SCHOOL YEAR

1. _____ 4. _____ 7. _____

2. _____ 5. _____ 8. _____

3. _____ 6. _____ 9. _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

**APPLICATIONS MUST BE RECEIVED AT SUPERINTENDENT'S OFFICE NOT LATER THAN
JULY 15, 2011. APPLICATIONS WILL BE ACTED UPON NOT LATER THAN AUGUST 1, 2011.**

(FOR OFFICE USE ONLY)

Received by: _____

Time: _____

Date: _____

APPLICATION APPROVED _____ REJECTED _____

REASONS:

SIGNATURE OF OFFICIAL _____ DATE _____

No student shall be denied admission to the Eastern 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.