

**PAINT VALLEY LOCAL SCHOOLS
INTERDISTRICT OPEN ENROLLMENT
APPLICATION**

Note: This application must be returned to the Superintendent's office of the intended district of enrollment.

Date: _____ Student Social Security #: _____

Parent/Guardian Name: _____

Name of Student: _____

Address: _____

Student Date of Birth: _____

Phone: Home _____ Work: _____ Cell: _____

Parent School District of Residence: _____

School Building Presently Attended: _____

Grade Level of Student for Upcoming School Year: _____

Name of School District Requested: _____

Is student enrolled in any special education or tutorial programs? _____

If yes, please explain: _____

Note: Please attached a copy of the I.E.P.

Has student been suspended or expelled during the current school year? _____

If yes, how many days? _____ Reason: _____

City of Birth: _____ Mother's Maiden Name: _____

Parent/Guardian Signature: _____

FOR OFFICE USE ONLY: (Receiving District)

Approved _____ Rejected _____ Reason _____

Signature of Principal: _____ Date: _____ Time: _____

Signature of Superintendent: _____ Date: _____

PAINT VALLEY LOCAL SCHOOLS
INTERDISTRICT OPEN ENROLLMENT
TRANSPORTATION REQUEST

Date: _____

Parent/Guardian Name: _____

Name of Student: _____ Grade: _____

Address: _____

Phone: Home: _____ Work: _____ Cell: _____

Parent School District of Residence: _____

Location of pick-up point (existing bus stop) requested: _____

Note: Use name of road, house number, student's name, etc. for identification purposes:

FOR OFFICE USE ONLY: (Receiving District)

Approved: _____ Rejected: _____ Reason: _____

Bus Number: _____ Bus Driver: _____

Pick-up and Return Times: _____ am _____ pm

Signature of Transportation Supervisor: _____ Date _____

PARENT AGREEMENT TO
INTERDISTRICT OPEN ENROLLMENT

We have been properly informed that our child is to be enrolled in Paint Valley Local School District and agree to the following conditions:

1. Our child may not be admitted or may need to be transferred back to his/her home school at the end of the school year, if the maximum number of enrollments in the classroom or program he/she is attending becomes filled by students of that school district or by tuition students.
2. If our child should require special education services or a reasonable accommodation for a Section 504 disability, he/she may be transferred to a special education cooperative unit or special needs residency or back to the home school district.
3. We shall provide the transportation for our child either to the school he/she will be attending or to a school bus stop within that school district.

Parent/Guardian Signature: _____

Parent/Guardian Signature: _____

Date: _____