

VALLEY LOCAL SCHOOL DISTRICT

Interdistrict Open Enrollment Application

NOTE: This application should be returned to the Guidance Office.

Name of Student: _____
Last First Middle

Date: _____ Student Social Sec.#: _____

Parent/Guardian's Signature: _____

Address: _____

Phone: _____

Present School District of Residence: _____

School Building presently attended: _____

Grade level of student for upcoming school year: _____

Is student enrolled in any special education or tutorial programs or has been evaluated for or referred to Special Education? If yes, please explain: _____

Has the student been suspended or expelled during this semester or the previous semester? _____

(For Office Use Only)

Received by: _____ **Date:** _____

Approved: _____ **Rejected:** _____

Signature of Official: _____

Reason(s): _____
