

EATON COMMUNITY SCHOOL DISTRICT

INTERDISTRICT OPEN ENROLLMENT STUDENT APPLICATION

School Requested East Elementary K-2 Bruce Elementary 3-5 Eaton Middle School 6-8 High School 9-12

Date _____ Student Social Security Number _____ - _____ - _____

Name of Student _____
(First) (Middle) (Last) _____ - ____ - ____
(Date of birth)

Birth City _____ Polio Immunization Date _____ Native Language _____ Mother's Maiden Name _____

Parent/guardian name(s) _____

Parent/guardian name(s) _____

Current Address (Street) _____ City _____ Zip Code _____

Telephone _____ School district of residence _____

Present Grade _____ Grade Requested _____ School Year Requested _____

Is student enrolled in any special education or tutorial programs? YES NO
(circle one)

If yes, please explain. (If student has IEP please attach) _____

If requesting specific high school courses (grades 9-12) please list: _____

Reason(s) for transfer _____

Parent/guardian signature _____

Applications must be received in the office of the superintendent by July 2, 2010. If mailed, please mark the envelope "Open Enrollment". Parent/guardian will be notified of rejection or acceptance by August 6, 2010 if the request is for the next school year, or within 14 days if the request is during the school year. A basis of acceptance will be determined by class size standards as stated in Board Policy. Please note: applications must be submitted yearly for Open Enrollment approval.

No student shall be denied admission to Eaton Community School District or to a particular course of program of instruction or otherwise discriminated against for reasons of race, color, national origin, sex, handicap, or any other basis of unlawful discrimination.



FOR OFFICE USE ONLY

Received by _____ Time _____ Date _____

Approved/Rejected by _____ Date _____

Reason(s) _____

Effective date of enrollment change for EMIS records _____