

PYMATUNING VALLEY LOCAL SCHOOLS

INTERDISTRICT OPEN ENROLLMENT APPLICATION

Check One: New Application _____ Re-Application _____

Student Name: _____ Grade Next Year: _____
Last First M.I.

Date of Birth: _____ Social Security Number: _____

Parent/Guardian Name (s): _____

Parent/Guardian Address: Street _____ P.O. Box # _____

Telephone: (home) _____ (work) _____

Student Address (if different from parent):

Street _____

P.O. Box # _____ City: _____

State _____ Zip Code: _____

Parent's School District of Residence: _____

School District and Building Student Currently Attends:

(District) _____

(Building) _____

Is student currently enrolled in District of Residence? Yes _____ No _____

Important: No student will be admitted to Pymatuning Valley Schools as an Open Enrollment Student if they have not been enrolled in their District of Residence before the first day of school for Pymatuning Valley School District.

Does student have a current I.E.P. (Individual Education Plan for special Education)?

Yes _____ No _____

If yes, in what special education program is the student enrolled? _____

Does student have a current 504 Plan condition? Yes _____ No _____

If so, please explain: _____

Is the student currently in a gifted program? Yes _____ No _____

If a high school student, will the student be attending the Ashtabula County Joint Vocational School? Yes _____ No _____

Was the student expelled from school during the current school year?

Yes _____ No _____

Please state the reason (s) for seeking enrollment in the Pymatuning Valley Local Schools:

I certify by my signature that the above information is true and accurate to the best of my knowledge. I am aware that each student must reapply each school year for open enrollment status and will not be admitted to Pymatuning Valley Schools unless he/she is currently registered at their District of Residence.

Signature of Parent of Guardian Date

FOR OFFICE USE ONLY

Date Received _____ Received By _____

Status of Application: Accepted _____ Rejected _____ Date _____

Reason for rejection: _____

Principal's Signature: _____

Status of Application: Accepted _____ Rejected _____ Date _____

Superintendent's Signature: _____

Date of Notification: _____

Cc EMIS Coordinator
Building Principal
Building Attendance Secretary

AGG/jm

02/16/10