

Is this a New Student Application: Yes, or (No, this is a Returning Student Application)

**YELLOW SPRINGS EXEMPTED VILLAGE SCHOOL DISTRICT
ANNUAL OPEN ENROLLMENT APPLICATION**

SCHOOL YEAR: 2012 - 2013

Name of Student: _____ Date: _____
 First Middle Last
Date of Birth: ___/___/___ Race: _____ Gender: F ___ M ___
City of Birth _____

Parent/Guardian Name: _____ Phone: _____

Address: _____
 Street Address Town State Zip Code

School District of **Residence**: _____

Present Building/Grade: _____ Grade Level for Upcoming Year _____

Children/Siblings living at this address (Names and Birth Dates) _____

Does student have an IEP? Yes: _____ No: _____ (If yes, please provide a copy for review)
Does student have 504 or other educational plan? Yes: _____ No: _____ (If yes, please provide a copy)
Has this student ever been on an IEP or a 504 Plan during his/her school history? Yes: _____ No: _____
Have you the parent or guardian ever refused special education service for this student? Yes: _____ No: _____
Is student currently eligible for special education? Yes: _____ No: _____
Has this student ever qualified for special education? Yes: _____ No: _____

If grade level is 9 – 12, list the high school courses requested (open enrollment transfer acceptance does NOT guarantee that every course requested will be available):

Has the student been suspended or expelled from school for more than ten consecutive school days during the previous school year: _____ (yes/no)?

This application must be received prior to the first day of the 1st semester.

Parent/Guardian must indicate their approval of the transfer upon notification of acceptance.

FOR OFFICE USE

Received by: _____ Date: _____

Approved by: _____ Rejected by: _____

Reason for rejection: _____

Signature of School Official: _____ Date: _____