

**MONTPELIER EXEMPTED VILLAGE SCHOOLS**  
Inter-district Open Enrollment Application

Name  
Please Print: \_\_\_\_\_  
First Name Middle Name Last Name

Date of Birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

School District of Residence: \_\_\_\_\_ Current School Attending: \_\_\_\_\_

Grade Level for Upcoming School Year: \_\_\_\_\_

Name of Parent / Guardian: \_\_\_\_\_ Address Change As Of: \_\_\_\_\_  
Date

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Reason(s) you wish to transfer:**

- Special Class Offerings       Athletic / Extra Curricular Programs  
 Geographic Location       Educational Programs  
 Other

Please Explain: \_\_\_\_\_

Special Programs Needed:  Yes       No

- If yes, please indicate program(s) needed:  Speech       Multiple Handicapped       Designated Handicap  
 Learning Disability       Hearing Impaired

Applications for continuing open enrollment must be received in the superintendent's office no earlier than May 1<sup>st</sup> and no later than 3:00 p.m. on June 15<sup>th</sup>. Applications will be acted upon by August 1<sup>st</sup>. Any application received after August 1<sup>st</sup> will be acted upon within 10 days of its receipt.

**\*\*Open enrollment will not be granted once the school year has begun.\*\***

The decision of the superintendent concerning this application is final and cannot be appealed to the Board of Education.

I have received, understand and agree to comply with the inter-district open enrollment guidelines.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

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**Office Use Only**

Accepted:  Yes       No

If Rejected, reason for rejection: \_\_\_\_\_

\_\_\_\_\_  
Signature of Superintendent

\_\_\_\_\_  
Date