

**2024~2025**  
**Open Enrollment Application**

☐ New Application      ☐ Renewal Application

**Student Information:** \_\_\_\_\_  
Last Name      First Name      Date of Birth      2024-25 Grade Level

**Custodial Parent/Guardian:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Residential Address:** \_\_\_\_\_  
Street Number and Name      City      Zip Code

**E-mail Address:** \_\_\_\_\_

**School District of Residence:** \_\_\_\_\_

**School District student currently attends:** \_\_\_\_\_ **Building:** \_\_\_\_\_

**Does your child have an IEP or 504?** Yes\_\_\_ No\_\_\_ If yes, please describe services: \_\_\_\_\_

**Does your child have a medical plan ?** Yes\_\_\_ No\_\_\_ If yes, please describe services: \_\_\_\_\_

**Has the applicant been expelled or suspended from school?** Yes\_\_\_ No\_\_\_ If yes, from which district: \_\_\_\_\_

**TV School Requested:**

**Please explain why you are requesting to attend Tri-Valley Local Schools:** \_\_\_\_\_

**Each child must have a separate Open Enrollment form. Please list:**

Other School Aged Children's Name

2024-2025 Grade Level

Requested Building

*I certify that all information contained in this application is true and complete and that providing incorrect information will cause this request to be revoked. I realize my child cannot legally attend Tri-Valley Local School District unless he/she is enrolled in the district in which he/she resides. I understand this agreement may be cancelled at any time during the school year due to my child's unsatisfactory attendance, scholastic progress or behavior (based on individual district policy). I also understand, it is the Parents' responsibility to provide transportation to and from school for this student and that I must resubmit an Open Enrollment Application each year for reapproval. Applications must be received no later than April 30, 2024. Parents will receive a letter from the TV School District by July 15, 2024.*

**Parent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**For Office use only:**

Date Received: \_\_\_\_\_

Date Notified: \_\_\_\_\_

☐ Approved

☐ Denied

Reason: \_\_\_\_\_

\_\_\_\_\_  
Building Principal

\_\_\_\_\_  
Superintendent