ALLOGS AND THOM OF			et Phone (606) 436-391 azard.kyschools.us	
AND INDEPENDENT				
HOME OF	<u>/</u>	Application for Int	<u>er-District Open Er</u>	<u>irollment</u>
	Date:	Student's	Birth Date:	
lame of Student:	(Last)		(First)	(Middle)
Parent/Guardiar			()	
(City)		(Zip Code)	Phone:	
	14 1 4 C 41	U		
			ar:	
Name of School	District of F	Residence:		
Where and when	did the studen	t last attend school?		
Where and when Does student have	did the studen e a current IEP	t last attend school? ? Yes	No If yes, desc	ribe the level of serv
Where and when Does student have	did the studen e a current IEP	t last attend school? ? Yes		ribe the level of serv
Where and when Does student have f the student dic	did the studen e a current IEP l not attend H	t last attend school? ? Yes lazard last year, pleas	No If yes, desc e provide a copy of the	cribe the level of serv current IEP.
Where and when Does student have f the student dic	did the studen e a current IEP l not attend H	t last attend school? ? Yes lazard last year, pleas	No If yes, desc	cribe the level of serv current IEP.
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