



Hazard Independent School District

Hazard, KY 41701

705 Main Street | Phone (606) 436-3911

www.hazard.kyschools.us

Application for Inter-District Open Enrollment

Date: _____ Student's Birth Date: _____

Name of Student: _____
(Last) (First) (Middle)

Parent/Guardian's Name: _____

Parent/Guardian's Email: _____

Address: _____

(City)

(Zip Code)

Phone: _____

Grade Level of Student for the Upcoming School Year: _____

Name of School District of Residence: _____

Where and when did the student last attend school? _____

Does student have a current IEP? _____ Yes _____ No If yes, describe the level of service(s).

If the student did not attend Hazard last year, please provide a copy of the current IEP.

Was the student suspended or expelled last school year? If yes, please list the dates and describe the circumstances.

Parent/Guardian Signature

Date

Applications will be accepted beginning May 1st, 2025, at the above address or by email to
Sondra.combs@hazard.kyschools.us

****PROOF OF RESIDENCY MUST BE PROVIDED WITH THE APPLICATION****

(For Office Use Only)

Received by: _____

Time: _____ Date: _____

Approved by: _____

Rejected: _____

Reason(s): _____

