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(s) / Guardian(s): _____

Street Address:_____ City, State Zip:_____

Phone Number: _____ Email Address: _____

Reason(s) you wish to transfer:

☐ Special Class Offerings ☐ Educational Programs ☐ Geographic Location

Special Programs Needed: ☐ Yes ☐ No

If yes, please indicate program(s) needed.

☐ Speech ☐ Multiple Handicapped ☐ Designated Handicap
☐ Hearing Impaired ☐ Emotional Disorders ☐ Learning Disability
☐ Other Disability
Please specify

Has your child been Suspended or Expelled from ANY School District for 10 consecutive days or more?

☐ No
☐ Yes
Please Explain

Applications for continuing open enrollment must be received in the superintendent's office no earlier than May 1st and no later than 3:00 p.m. on July 15th.

****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

Office Use Only

Accepted:

☐ No ☐ Yes

If Rejected, reason for rejection.

_____ _____
Signature of Superintendent Date