

PAINESVILLE CITY LOCAL SCHOOLS

INTRADISTRICT OPEN ENROLLMENT APPLICATION 2015-16

Please include proof of residence with this application (rent receipt, rental agreement, deed, tax statement or voter registration showing name/address)

Complete One (1) block for each elementary student in household. PLEASE PRINT

1. Student Name _____ Grade for 15-16** _____

Current school: _____ Home School: _____

Would like to attend: _____

DOES THIS STUDENT RECEIVE SPECIAL EDUCATION SERVICES OR CURRENTLY HAVE AN INDIVIDUALIZED EDUCATIONAL PLAN (IEP)? Yes No (check one)

2. Student Name _____ Grade for 15-16** _____

Current school: _____ Home School: _____

Would like to attend: _____

DOES THIS STUDENT RECEIVE SPECIAL EDUCATION SERVICES OR CURRENTLY HAVE AN INDIVIDUALIZED EDUCATIONAL PLAN (IEP)? Yes No (check one)

3. Student Name _____ Grade for 15-16** _____

Current school: _____ Home School: _____

Would like to attend: _____

DOES THIS STUDENT RECEIVE SPECIAL EDUCATION SERVICES OR CURRENTLY HAVE AN INDIVIDUALIZED EDUCATIONAL PLAN (IEP)? Yes No (check one)

Parent/Guardian Name _____

Address _____ Phone _____

Reason for transfer request: _____

(If more space is required, please use the back of this page.)

****PLEASE NOTE THAT KINDERGARTEN APPLICATIONS MAY NOT BE CONSIDERED UNTIL AUGUST 10, 2015****

(This section for office use only)

Date received: _____ Date reviewed: _____

Approved for transfer: _____ Not approved for transfer: _____

Reason for non-approval: _____