

DANBURY LOCAL SCHOOLS
2011-2012
OPEN ENROLLMENT NOTIFICATION
Inter-District Open Enrollment Application

Today's Date _____

Student's Full Name: _____

Parent(s) Name: _____

Street Address: _____

City, State, Zip: _____

Phone number: _____

Present school district of residence: _____

School building presently attending: _____

Current grade level: _____

Grade level of student for upcoming school year: _____

Is student presently enrolled in special education or tutorial programs? Yes ____ No ____
(Please specify) _____

Was the student suspended for 10 or more days during the previous school year? Yes ____ No ____

If a specific high school course is requested, list desired course(s):

Application must be received no later than August 1, 2011.

The Superintendent will consider on an individual basis any applications submitted after the deadline. Emphasis for approval will be placed on the optimum number allowed.

For office use only:

Date: _____

Approved: _____ *Rejected:* _____

Signature of Official: _____

Reason(s):

