



TRIMBLE LOCAL SCHOOL DISTRICT
INTERDISTRICT OPEN ENROLLMENT APPLICATION



Date: _____

Name of Student: _____

Parent/Guardian's Name: _____

Address: _____
Street City State Zip

Phone: _____ (Home) _____ (Work)

Present School District of Residence: _____

School Building Presently Attending: _____

Grade Level of Student for UPCOMING School Year: _____

Is student enrolled in any special education or tutorial program? _____ Yes _____ No

If yes, please explain: _____

If enrolling for specific high school courses, list desired classes:

Parent/Guardian Signature: _____

Application must be received no later than May 15 of the calendar year.

Request will be acted upon and parents notified no later than June 15 of the calendar year. Parents must indicate acceptance of transfer on or before June 30 of the calendar year.

(For Office Use Only)

Received by: _____

Date: _____ Time: _____

Approved: _____ Rejected: _____

Reason(s) _____

Signature of Official: _____

No student shall be denied admission to the Trimble Local School District or to a particular course or instructional program or otherwise discriminated against for the reasons of race, color, national origin, gender, handicap, or any other basis of unlawful discrimination.