

APPLICATION FOR INTRADISTRICT OPEN ENROLLMENT FOR BCSOS

(Please Print)

For School Year: \_\_\_\_\_

Student name \_\_\_\_\_

Name of school in your residential area \_\_\_\_\_

Name of school you are requesting your student(s) attend \_\_\_\_\_

Student's grade level for upcoming school year \_\_\_\_\_

Parent/guardian name(s) \_\_\_\_\_

Address \_\_\_\_\_

Street

City

State/Zip

Phone \_\_\_\_\_ Email \_\_\_\_\_

REASON FOR YOUR REQUEST

(Please check all that apply)

\_\_\_\_\_ Program(s) that are not available at assigned school

\_\_\_\_\_ Convenience

\_\_\_\_\_ Previously attended requested school

\_\_\_\_\_ Educational needs of applicant

In order for us to serve our community better, we ask that you provide more information about your requested transfer. (Use back of this page if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This application must be filed yearly with the Superintendent by **the end of business on the day before the first day of school or the end of business on the day before the start of the second semester**. No resident shall be denied admission to the District or to a particular course or instructional program or otherwise discriminated against for reasons of race, color, national origin, citizenship status, ancestry, religion, sex, economic status, marital status, pregnancy, age, disability, military status or sexual orientation. For more information, call 614.231.7611.

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Decision \_\_\_\_\_ Date parent notified: \_\_\_\_\_

For office use only: Date received \_\_\_\_\_ Time received \_\_\_\_\_