

COLDWATER EXEMPTED VILLAGE SCHOOLS  
INTER-DISTRICT OPEN ENROLLMENT APPLICATION  
2024-2025 SCHOOL YEAR  
APPLICATION DEADLINE: **April 1, 2024**

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_ 2024-2025 Grade Level: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Do you currently attend Coldwater through open enrollment? Yes or No

District of Residence: \_\_\_\_\_

Requested District of Attendance: \_\_\_\_\_ Coldwater Schools

Does child have an Individual Education Plan (IEP) or equivalent? Yes or No

Does child have special needs? Yes or No If yes, please explain \_\_\_\_\_

Has student been expelled or suspended from school? Yes or No

**\* For high school students applying for first time open enrollment:**

**List desired classes:** \_\_\_\_\_

**Number of high school credits earned at the end of this school year.** \_\_\_\_\_

Other family members seeking open enrollment (use back if needed). Also add name & birthdate of other children not of school age.

Name \_\_\_\_\_ 2024-2025 Grade Level \_\_\_\_\_

Name \_\_\_\_\_ 2024-2025 Grade Level \_\_\_\_\_

Name \_\_\_\_\_ 2024-2025 Grade Level \_\_\_\_\_

My/our signature(s) indicate(s) awareness that completion of this application does NOT provide any permission to change district of attendance. It is merely a request to do so. I/we further understand that notice of approval/denial will be received no later than June 1.

My/our signature(s) indicate(s) that administrators of our district and the district where attendance is desired may exchange any and all information and records relative to my child.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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Office Use Only

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent's Signature: \_\_\_\_\_

Reason(s): \_\_\_\_\_