COLDWATER EXEMPTED VILLAGE SCHOOLS INTER-DISTRICT OPEN ENROLLMENT APPLICATION 2023-2024 SCHOOL YEAR

APPLICATION DEADLINE: April 1, 2023

Student Name:	Date:		
Parent/Guardian's Name:			
Address:	City:	Zip:	
Email Address:	Phone:	Current Grade Level:	
Birth Date:	_ Do you currently attend Co	oldwater through open enrollment? Yes or No	
District of Residence:			
Requested District of Attendance: Coldwar	ter Schools		
Does child have an Individual Education Plan (IEP) of	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 of	open enrollment:		
List desired classes:			
Number of high school credits earned at t	he end of this school year.		
Other family members seeking open enrollment (use	back if needed). Also add nar	me & birthdate of other children not of school age.	
Name	Current Grade Level		
Name	Current Gi	Current Grade Level	
Name	Current Grade Level		
My/our signature(s) indicate(s) awareness that complattendance. It is merely a request to do so. I/we furth			
My/our signature(s) indicate(s) that administrators of information and records relative to my child.	our district and the district w	here attendance is desired may exchange any and all	
Parent/Guardian Signature	Date		
Parent/Guardian Signature	Date		
	Office Use Only		
	Date: Time:		
Approved: Denied:			
Superintendent's Signature:			
Reason(s):			