

**2010-2011
INTERDISTRICT OPEN ENROLLMENT APPLICATION**

Note: This application must be returned to the Hopewell-Loudon Board Office.

Name of Student: _____ Date: _____

Date of Birth: _____ Male ____ Female ____

Parent/Guardian's Name: _____ Phone: _____

Address: _____
(Street) (City) (Zip Code)

Present School District of Residence: _____

School Building Presently Attending: _____

Current Grade Level for 2009-2010: _____

Grade Level of Student for Upcoming School Year 2010-2011: _____

Is student enrolled in any special education or tutorial programs? _____

If yes, please explain: _____

Is student currently or has student ever been suspended or expelled? _____

If yes, please explain: _____

Is student enrolled in a vocational school? ____ No ____ Yes/ Voc. School Name: _____

List name and grade level of other family members wishing to attend Hopewell-Loudon Schools:

Name	Grade
_____	_____
_____	_____
_____	_____

Signature of Parent/Guardian: _____

APPLICATIONS WILL BE ACCEPTED MARCH 1 - MARCH 31, 2010.

Requests will be acted upon in May.

*Applications received after the initial period **may** be considered.*

(For Office Use Only)

Received by: _____ Date: _____ Time: _____

Approved _____ Rejected _____

Signature of Official _____

Reason(s): _____
