



**HURON CITY SCHOOLS  
INTERDISTRICT OPEN ENROLLMENT  
APPLICATION FORM 2010/2011 SCHOOL  
YEAR**

**DIRECTIONS:** Read all instructions carefully. One form is to be completed for each child to be enrolled. Completed applications must be submitted to the Huron Board of Education Office between May 1, to May 31, 2010. Applications will be acted upon in June with parent notification on or before June 30, 2010.

**I. GENERAL INFORMATION**

<b>Student's Legal Name</b>	<b>Birth date</b>	<b>Sex</b> <input type="checkbox"/> M <input type="checkbox"/> F	<b>Home Phone</b>
<b>Mailing Address, City, Zip</b>		<b>District of Residence</b>	
<b>Grade Level for 2010/2011</b>	<b>School District Attending in 2009/2010</b>	<b>School Building Attending in 2009/2010</b>	

- |                          |                          |  |
|--------------------------|--------------------------|--|
| Yes                      | No                       |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Has the student been expelled at any time during this or previous school year or are any disciplinary proceedings pending that could lead to an expulsion?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the student currently attending Huron City Schools?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you plan on building a home or moving to the district 90 days after school begins?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Are siblings of the student currently attending Huron City Schools?<br>Names: _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | Has the student ever been found, by an IEP team, to have a disability?<br>If yes, does the student have an individualized education program (IEP)? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Please explain: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the student currently enrolled in Title 1 or another program?<br>If yes, please explain: _____  |

**II. PARENT/GUARDIAN SIGNATURE AND PERMISSION FOR RELEASE OF RECORDS**

All information is complete and correct. I am the child's parent and legal guardian. I authorize the release of all student records to the Huron city Schools. My signature indicates that I have read the stipulations of the open enrollment plan and agree to abide by the procedures and policies that have been established. I understand that falsification of any information will result in revocation of student enrollment. This consent is effective until June 3, 2010.

<b>Signature of Parent/Guardian</b>	<b>Parent/Guardian Name(s)</b>	<b>Date</b>
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**III. FOR OFFICE USE ONLY**

<b>Date/Time Received</b>	<b>Received By</b>	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected	<b>Reason (s)</b>
<b>Superintendent's Signature</b>			

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