Bryan City Schools
Interdistrict Open Enrollment Application

Application Date: _____

Student Name
Please Print: _____ _____ _____
First Name Middle Name Last Name

Date of Birth: _____
MM/DD/YYYY

School District of Residence _____ Current School Attending _____

Grade Level for Upcoming School Year _____

Name of Parent/Guardian _____

Address _____

City, State, Zip _____

Phone Number _____

Reason(s) you wish to transfer:

- ☐ Special Class offerings
- ☐ Geographic Location
- ☐ Other
- ☐ Athletic/Extra Curricular Programs
- ☐ Education Programs

Please Explain: _____

_____

Special Programs Needed: ☐ Yes ☐ No

If yes, please indicate program(s) needed:

- ☐ Speech
- ☐ Learning Disability
- ☐ Designated Handicap
- ☐ Multiple Handicapped
- ☐ Hearing Impaired

Applications for open enrollment transfers must be received in the Superintendent's office no earlier than May 1st and no later than the first day of school. Applications will be acted upon by August 1st. Any application received after August 1st will be acted upon within 10 days of its receipt.

The decision of the Superintendent concerning this application is final and cannot be appealed to the Board of Education.

I have received, understand, and agree to comply with the interdistrict open enrollment guidelines.

_____ _____
Signature of Parent Date/Time Field

Office Use Only

Date Received: _____ Time Received: _____ Initials: _____ SSID: _____

Accepted: ☐ Yes ☐ No

If rejected, reason for rejections: _____

Accepted for School Year: _____ Effective: _____ Grade Level: _____

_____ _____
Signature of Superintendent Date/Time/Field