BUHL SCHOOL DISTRICT OPEN ENROLLMENT APPLICATION

Date				
Requested School Popplewel	Elementary Bu	hl Middle Schoo	ol 🔲 🛮 Buhl Hi	igh School
Current School				
Student Name		Grade	School year for request	
Street Address	Address City			Date of Birth
		Zip		
Parent/Legal Guardian Name			Home Phone	
Parent/Legal Guardian Email			Cell Phone	
Reason for Student Transfer				
Will your student participate in IH If yes, which sport/activities Notices			_	
 If the student participates participate at the new sch application. The transfer request is no request to the requested resident school until there The district will notify pare 	ool. The parent or guard t complete until the resid school and it has been ac t is an effective start date	ian should chec dent school has ccepted. The stu e at the request	released the student should remarked school.	fore submitting an dent, submitted the nain enrolled in the
Decision-Making Criteria and	Revocation			
Space Availability All applications will be consider available in the grade level, clubrater of the date and time of	ass or program requeste			•

Attendance and Disciplinary Infractions

Receiving Principal Signature

Date of Parent Notification

Open enrolled students are expected to follow all discipline and attendance policies and regulations applicable to all Buhl School District students. Failure to meet these conditions may result in revocation of this Open Enrollment transfer and return to his/her resident school.

Transportation					
Transportation is the responsibility of the parent/guardian.					
Acknowledgements					
 I certify that the information provided is accurate and complete. I understand that approval of this request shall be dependent upon the acceptance and rejection standards stated in the district's policy, and revocation of this transfer may occur in accordance to the conditions listed in the district's policy. I understand that my student must continue to attend the resident school until the effective start date of the transfer and that nonattendance is subject to truancy procedures. I understand that I am responsible for providing transportation to and from school for my student. I understand that requests are approved for one school year only, and it is my responsibility to complete an Open Enrollment Continuation Form each year until my student moves to the next school level. I understand that the transfer can be revoked at any time if there are attendance or discipline issues or if there is no longer space within the grade level, class or program. 					
I have read the school district procedure on Open Enrollment and hereby request that my son/daughter be permitted to attend the requested school.					
Parent/Legal Guardian Signature	Date				
Student Signature (6-12 only)	Date				
FOR OFFICE USE ONLY					
Date					
•					
Transfer Request					

Date