

BATAVIA LOCAL SCHOOL DISTRICT
INTERDISTRICT OPEN ENROLLMENT APPLICATION
(2010-11 School Year)

Date _____ Grade Level for 2009-10 School Year _____

Name of Student _____ Social Security # _____

Parent/ Guardian's Name _____ Phone Number _____

Address _____ City _____ Zip _____

Birth date _____ Do you currently attend Batavia Schools through open enrollment? YES NO

School District Student Currently Attends _____ Building _____

School District of Residence _____ Building _____

Special Education Classes/Services Required YES NO Type of Program _____

School Requested (circle one)

BHS BMS BES

Has this applicant been expelled or suspended from school YES NO

* HIGH SCHOOL STUDENTS ONLY - 2009/10 Grade Level _____

*Number of high school credits anticipated at the end of 2009/10 _____

* If for specific high school courses or special class, list desired classes:

Why do you want your child to attend Batavia Local Schools: (you may use back of this form)

I certify that all information contained in this application is true and complete, and I understand that the falsification of any of the above information will void this application and/or the enrollment of my child in the Batavia Local School District.

Signature of Parent/Guardian _____ Date _____

FOR OFFICE USE ONLY

Received by: _____ Title: _____

Date: _____ Time: _____

Signature of Building Principal: _____

Approved _____ Rejected _____ Reason(s) _____

Superintendent _____