



# Bradford Exempted Village School District

## Open Enrollment Application

School Year Applying For: **2018- 2019**

Open Enrollment period is from **April 1 to April 30 Annually**

**Open Enrollment decision will not be made until June 1 Annually**

**You will be notified of acceptance or denial by July 1 Annually**

### Complete Student Information (Please print)

Date: \_\_\_\_\_

First Name: _____	Middle Name: _____	Last Name: _____
Student Address: _____	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
City, State, Zip: _____	Date of Birth: _____	
Phone: _____	Month Day Year	
Email Address: _____	Birth Place City: _____	
Parents/Guardian: _____	Parent Employed at Bradford EVSD: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is student Hispanic/Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security # : _____	
Indicate at least one racial group for the student: <input type="checkbox"/> Asian <input type="checkbox"/> Black or Afro American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White		
Native Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Japanese <input type="checkbox"/> Other: _____		

### Complete School Information (Please print)

Grade Level (2018-2019): _____
School District of Residence: _____
School Last Attended or Presently Attending: _____
High School - List Specific Courses Desired: _____
Reason for Request: _____
Does the student receive special services? _____
If yes, please explain: _____

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY

<b>Recommendations:</b>	<b>Date Received:</b>
Rec Date _____ <input type="checkbox"/> Approved <input type="checkbox"/> Denied	SSID#: _____
Principal Signature: _____	
Reason for Denial: _____	
Rec Date _____ <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Superintendent Signature: _____	
Reason for Denial: _____	
<b>Effective Date of Open Enrollment:</b>	

Date Parent Copy Sent: \_\_\_\_\_ District of Residence Superintendent Copy Sent: \_\_\_\_\_