

CROW-APPLEGATE-LORANE OPEN ENROLLMENT REQUEST

Forms Accepted March 1 through April 1

Date Received

Student's Full Name	Birth Date	Grade (Upcoming School Year)	Current Expulsion for Weapons Violation
			Yes No

Requesting an Open Enrollment Transfer to _____ School, in the
Crow-Applegate-Lorane School District.

Open Enrollment Transfer is from Current Resident School _____,
in the _____ School District.

Legal Guardian's Name(s): _____

Legal Resident Address: _____
Street
City
Zip Code

Mailing Address: _____
P.O. Box
City
Zip Code

Home Phone: _____ Cell Phone: _____ Work Phone: _____

High school students, please note: An open enrollment transfer can affect interscholastic eligibility for those activities governed by OSAA (Oregon State Activities Association). Student and legal guardian should investigate OSAA regulation through the host high school athletic office prior to transferring.

I understand and agree to the conditions listed above. I attest that the information provided on this forms is truthful and accurate. I understand that if this information is found to not be accurate I will be held liable for payment of student tuition.

Parent/Legal Guardian's Signature Date

Please return this form to the CAL School District Superintendent's Office.

Do not write below this line.

Open Enrollment Request: Approved Denied

Reason for Denial: _____

Superintendent's Designee's Signature Date

Legal Resident District Notified _____
Date

Parent/Guardian Notified _____
Date

The Fern Ridge School District is an equal opportunity educator and employer.