



Warren Consolidated Schools Open Enrollment/Transfer of Schools Within the District

Student's Name: _____

Address: _____

City: _____ ZIP Code: _____ Phone: _____

Emergency Contact: _____

Address: _____ Phone: _____

School Presently Attending: _____ Grade: _____

School Scheduled to Attend Next Year: _____ Grade: _____

School to Which Transfer is Requested: _____ Grade: _____

Reason for Transfer Request: _____

I am aware that transfers are granted under Board of Education policy and understand that the following conditions apply:

1. Approval of transfer is contingent upon staff and facilities.
2. Parents will provide transportation to and from school.
3. Attendance, behavior, and academic progress may effect approval, and cause revocation of previously approved open enrollment, causing a return to their home school.
4. Student obeys all school rules and provisions of the Student Code of Conduct.
5. Assigned school work is completed promptly by the student.
6. Transfer will remain in effect and continue unless formal action is taken to rescind the transfer.
7. **Open Enrollment for Existing Students ends June 16, 2022.** (New Students) for the 22/23 school year ends Friday of the first week of school.

STUDENTS WITH AN INDIVIDUAL EDUCATION PLAN (IEP) FOR EDUCATION AND SPEECH WILL BE APPROVED BASED ON THE AVAILABILITY OF RESOURCES AT THE SCHOOL.

****Requests for school transfers during summer hours may not be approved until late August.**

My signature indicates that I have read and agreed to the conditions listed above:

Parent's Signature: _____ Date: _____

Parent Notification by: E-Mail Provide E-Mail Address: _____

Standard Mail

OFFICE USE ONLY

I am aware of this application for transfer. Sending School Principal: _____

Special Ed Approved Special Ed Not Approved S.E. Director/Supervisor: _____

Approved Not Approved Receiving School Principal: _____

Reason: _____

Approved Not Approved Director of Student Affairs: _____