

BLOOMFIELD-MESPO LOCAL SCHOOLS

Open Enrollment Application

- Complete one form per student.

Date _____ District of Residence _____

Student's Name _____ DOB _____ Age _____

Parent/Guardian's Name _____

Street/City Address _____

Mailing Address (if different) _____

Home Phone # _____ Other Phone # _____

School District and Building presently attending _____

Student's Current Grade Level _____ Grade level sought for upcoming year _____

Is student enrolled in any special education or tutorial programs? Yes or No

If yes, please explain _____

If request is for high school enrollment, list desired classes _____

School Office Use Only

Rec'd by _____ Date _____ Time _____

Approved _____ Superintendent _____

Rejected _____ Principal _____

Reason _____

Copies: _____ Applicant Family _____ Principal/Secretary _____ District of Residence School District
 _____ Supt. Office _____ EMIS _____ Treasurer