

**INTERDISTRICT ENROLLMENT APPLICATION**

**For Transfer To  
VANLUE LOCAL SCHOOL**

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

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Student Social Security Number: \_\_\_\_\_

Parents/Guardians Names \_\_\_\_\_ Phone No.: \_\_\_\_\_

Address (including city/zip): \_\_\_\_\_

Student's Grade Level for school year 20\_\_\_\_-20\_\_\_\_: \_\_\_\_\_

Student wishes to transfer to \_\_\_\_\_ Vanlue \_\_\_\_\_ School District from \_\_\_\_\_ School District

Names of other children that attend Vanlue: \_\_\_\_\_

Are you presently expelled from a school district? Yes No

Is this child of Hispanic/Latino heritage? Yes No **and** Please circle one choice below:

Asian Black/African American Native Hawaiian/Other Pacific Islander American Indian/Alaskan Native Multiracial White

Does this child need any special services? Yes No Explain: \_\_\_\_\_

Does this student have an **IEP, ETR, IAT, 504 PLAN, OR BEHAVIOR PLAN?** Yes No

If for specific high school courses, list desired classes: \_\_\_\_\_;

\_\_\_\_\_;

Interested in Millstream Vocational? Yes No If yes, what area of study? \_\_\_\_\_

**Parent/Guardian's signature approving release of this student's school records to the Vanlue Local School.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

.....  
**APPLICATIONS MUST BE RECEIVED NO LATER THAN MAY 31.**

**Request will be acted upon no later than June 18.**

**Parents must indicate acceptance of transfer on or before, June 30.**  
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(For office use only)

Application received by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Approved: \_\_\_\_\_ Rejected: \_\_\_\_\_ Signature of official: \_\_\_\_\_

Reason(s) \_\_\_\_\_

Notification sent to parents: \_\_\_\_\_ To sending district: \_\_\_\_\_  
date date