

Open Enrollment applications will be accepted during the months of April and May for the following school year.

### Cheatham County School's Open Enrollment Request

School Year: \_\_\_\_\_ Currently Zoned School: \_\_\_\_\_ Date: \_\_\_\_\_

Requested School: (Please indicate 1<sup>st</sup> and 2<sup>nd</sup> choices if applicable)

ACES _____	CMS _____
ECES _____	HMS _____
KSES _____	SMS _____
PES _____	CCHS _____
PVES _____	HHS _____
WCES _____	RA _____

#### Open Enrollment Guidelines

1. All Open Enrollment requests must be approved by the Director of School's office.
2. Transportation is the responsibility of the parent/guardian.
3. Open Enrollment may be revoked at any time that the school and/or class reaches capacity.
4. Open Enrollment may be revoked at any time that the attendance, behavior, and/or grades decline.
5. Open Enrollment requests will be reviewed on a quarterly basis at the end of each grading period.
6. Sycamore High School is closed to any Open Enrollment requests due to the number of students currently enrolled.

Reason: \_\_\_\_\_

Is/does this student:

\_\_\_\_\_ In a Special Education Program      \_\_\_\_\_ An English Language Learner      \_\_\_\_\_ On a 504 plan  
 \_\_\_\_\_ Have attendance/behavior issues. Please describe: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Gender: \_\_\_\_\_ Current Grade Level: \_\_\_\_\_

Name of Parent(s) and/or Guardians: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

*By signing this application, I understand that I am not ensured my request will be approved. I also have read and understand the above Open Enrollment Guidelines.*

Circle one:      Request approved                      Request denied

Director/Designee Signature: \_\_\_\_\_ Date: \_\_\_\_\_