

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: For employee's children

School Year: _____ Date: _____

Currently Zoned School or County (if not Cheatham): _____

Requested School: (Please indicate 1st and 2nd choices if applicable)

ACES _____ CMS _____

ECES _____ HMS _____

KSES _____ SMS _____

PES _____ CCHS _____

PVES _____ HHS _____

WCES _____ SHS _____

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.

Employee's Name: _____

School Employee Works at: _____

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: _____