

**WESTFALL LOCAL SCHOOL DISTRICT**  
**INTERDISTRICT OPEN ENROLLMENT APPLICATION 2024-2025**

Application Date \_\_\_\_\_ Grade Level for 2024-2025 School Year \_\_\_\_\_

Student Name \_\_\_\_\_ Open Enrollment Student Here Last Year? Yes No

Student's Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent(s)/Legal Guardian(s): \_\_\_\_\_

Address \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ Telephone (Work/Other): \_\_\_\_\_

Parent Email(s) \_\_\_\_\_

In what school district do you reside? \_\_\_\_\_ School District In what county do you reside? \_\_\_\_\_

What school does your child attend now? \_\_\_\_\_ School. Present Grade Level \_\_\_\_\_

List special education services needed\*\*\*: \_\_\_\_\_

If grade level request is 9-12, list the high school courses requested (open enrollment transfer acceptance does NOT guarantee that every course requested will be available): \_\_\_\_\_

Has the student been suspended/expelled from school for ten or more consecutive school days the previous school year? Yes No

Parent/Guardian must indicate their approval of the transfer upon notification of acceptance. Misinformation on this application will void consideration.

- A separate application must be submitted for each student.
- Required data as per Senate Bill 140 - Interdistrict Open Enrollment

**I have read, reviewed and accept the Westfall Local School District Interdistrict Open Enrollment policies and guidelines. I will provide two (2) proofs of residency and this application for my child's file. My application will not be marked as received in the Board Office until I have submitted both approved proofs of residency.**

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

**For Office Use Only** Received in Board Office on: \_\_\_\_\_

Circle One: Approved Denied  
Reason(s) for denial: \_\_\_\_\_

\_\_\_\_\_ Re-application (student was an open enrollment student at Westfall before)

\_\_\_\_\_ New application (first time request for open enrollment to Westfall)

\_\_\_\_\_ Approved to complete current school year

Signature of Superintendent \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*No student shall be denied admission to the Westfall Local School District or to a particular course or instructional program or otherwise discriminated against for reasons of race, color, national origin, sex, disability, familial status, ancestry, religion, or any other basis of unlawful discrimination.