



PENDLETON COUNTY SCHOOLS
OPEN ENROLLMENT IN COUNTY TRANSFER APPLICATION

Student's Full Name: _____

Student's Date of Birth ____/____/____ Grade Level for 2024/2025: _____

Parent/Guardian Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Transfer From: _____ Transfer To: _____
(School & County student SHOULD attend) (School student is REQUESTING to attend)

School student attended last school year (2023-2024): _____

Please indicated if the applicant has sibling(s) currently enrolled in Pendleton County Schools under Open Enrollment.

Sibling Name: _____ School Enrolled: _____

Is your child currently eligible for and receiving special education services? Yes or No

Is your child currently in SAT or being evaluated for special education services? Yes or No

Is your child currently receiving English Language Learning services? Yes or No

Is the student currently suspended/expelled from another school? Yes or No

If yes, when will the suspension/expulsion be complete? _____

*I certify the above information is true.

Signature of Parent or Guardian*

Date Signed

*By signing and submitting this application for open enrollment I authorize the county in which I seek to enroll my child to contact the county/school in which my child is currently enrolled to discuss my child's educational records, including special education services and other specialized educational needs. *Knowingly providing false information on this form will invalidate the application.*

In the event that an issue would arise with attendance, any school policies, or if the class size in the school exceeds the state teacher/student ratio limit, the privilege of attending chosen school within Pendleton County Schools may be revoked.

RETURN TO: ATTENDANCE DIRECTOR, PENDLETON COUNTY SCHOOLS PO BOX 888 FRANKLIN, WV 26807

Applications accepted March 1 through June 30 for the upcoming school term.

CENTRAL OFFICE USE ONLY:

Received: _____

Signature of Attendance Director

Date

Received: _____

Signature of Superintendent

Date

School Name

Principal's Signature

Date

School Name

Principal's Signature

Date

_____**APPROVED**

_____**DENIED**

If denied, indicate reason:

____ Lack of grade-level capacity

____ Application was not properly completed or otherwise submitted incorrectly. The following must be corrected if the application is resubmitted: _____

____ Student has committed a Level 3 or Level 4 inappropriate behavior as defined by West Virginia Board of Education Policy 4373 in the last year.

____ Lack of programs or services due to areas identified in the county board critical need policy.

ACTIONS (Provide dates)

____ Written notification provided with a reason and explanation for the denial to the parent within three days.

____ In County Transfer Appeal information (WVBE Policy 7212) provided to the parent

____ A copy of all materials provided to the parent or guardian provided to the West Virginia Department of Education within three days of the decision.