

Date Received: _____



DIXIE DISTRICT SCHOOLS
Controlled Open Enrollment Application

I, _____, am the parent/legal guardian of the student(s) listed below. I am a resident of _____ county. I am requesting that my child(ren) be allowed to attend school in Dixie County.

NAME OF CHILD	DATE OF BIRTH	GRADE	REQUESTED SCHOOL
Current School: _____			
NAME OF CHILD	DATE OF BIRTH	GRADE	REQUESTED SCHOOL
Current School: _____			
NAME OF CHILD	DATE OF BIRTH	GRADE	REQUESTED SCHOOL
Current School: _____			

Please explain the reason for your request and, if appropriate, indicate the reason you qualify for preferential treatment as described in the Controlled Open Enrollment Plan.

Parent Signature: _____ Date: _____

Physical Address: _____

Mailing Address: _____

Telephone Number: _____

Email Address: _____

____ Approved ____ Denied

Date of School Board Approval: _____