

# CROW-APPLEGATE-LORANE OPEN ENROLLMENT REQUEST

**Forms Accepted March 1 through April 1**

## Date Received

Student's Full Name	Birth Date	Grade (Upcoming School Year)	Current Expulsion for Weapons Violation
			Yes   No

Requesting an Open Enrollment Transfer to \_\_\_\_\_ School, in the  
Crow-Applegate-Lorane School District.

Open Enrollment Transfer is from Current Resident School \_\_\_\_\_,  
in the \_\_\_\_\_ School District.

Legal Guardian's Name(s): \_\_\_\_\_

Legal Resident Address: \_\_\_\_\_  
Street
City
Zip Code

Mailing Address: \_\_\_\_\_  
P.O. Box
City
Zip Code

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

**High school students, please note:** An open enrollment transfer can affect interscholastic eligibility for those activities governed by OSAA (Oregon State Activities Association). Student and legal guardian should investigate OSAA regulation through the host high school athletic office prior to transferring.

I understand and agree to the conditions listed above. I attest that the information provided on this forms is truthful and accurate. I understand that if this information is found to not be accurate I will be held liable for payment of student tuition.

\_\_\_\_\_  
Parent/Legal Guardian's Signature Date

**Please return this form to the CAL School District Superintendent's Office.**

Do not write below this line.

Open Enrollment Request:    Approved    Denied

Reason for Denial: \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Superintendent's Designee's Signature Date

Legal Resident District Notified \_\_\_\_\_  
Date

Parent/Guardian Notified \_\_\_\_\_  
Date