



Bradford Exempted Village School District

Open Enrollment Application

School Year Applying For: **2023-2024**

Open Enrollment period is from **April 1 to April 30 Annually**

Open Enrollment decision will not be made until June 1 Annually

You will be notified of acceptance or denial by July 1 Annually

Complete Student Information (Please print)

Date:

First Name: _____	Middle Name: _____	Last Name: _____
Student Address: _____	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
City, State, Zip: _____	Date of Birth: _____	
Phone: _____	Month Day Year	
Email Address: _____	Birth Place: _____	
Parents/Guardian: _____	Parent Employed at Bradford EVSD: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is student Hispanic/Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security # : _____	
Indicate at least one racial group for the student: <input type="checkbox"/> Asian <input type="checkbox"/> Black or Afro American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White		
Native Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Japanese <input type="checkbox"/> Other: _____		

Complete School Information (Please print)

Grade Level (2023-2024): _____
School District of Residence: _____
School Last Attended or Presently Attending: _____
High School – List Specific Courses Desired: _____
Reason for Request: _____
Does the student receive special services? _____
If yes, please explain: _____

Signature of Parent/Guardian: _____ Date: _____

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

Recommendations:

Date Received: _____

Rec Date _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	SSID#: _____
Principal Signature: _____		
Reason for Denial: _____		
Rec Date _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Superintendent Signature: _____		
Reason for Denial: _____		
Effective Date of Open Enrollment: _____		

Date Parent Copy Sent: _____	District of Residence Superintendent Copy Sent: _____
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