

KENT CITY SCHOOLS

PARENT/GUARDIAN AGREEMENT TO AN INTER-DISTRICT OPEN ENROLLMENT

We have been properly informed that if our child is to be enrolled in a school in the Kent City School District, we will agree to the following conditions:

1. Although unlikely, our child may not be admitted or may need to be transferred back to his/her home school at the end of the school year, if the maximum number of enrollments in the classroom or program s/he is attending become filled by students of that school district or by tuition students.
2. If our child should require special education services or a reasonable accommodation for a Section 504 disability, s/he may be transferred to a school in this district or to a school in their home district that currently provides such services or can make the accommodation, if the school s/he is attending is not providing the services or cannot make the reasonable accommodation.
3. We shall provide the transportation for our child either to the school s/he will be attending or to a school bus stop within that school district provided space is available on that bus.
4. We understand that we must make the application again next year.

Student Name

Parent/Guardian

Parent/Guardian

Date

[FOR OFFICE USE ONLY]

Start Date for Open Enrollment: _____ School Assigned: _____

Superintendent's Approval: _____ Date _____

Reason(s) for Rejection: _____
