

**DAWSON-BRYANT LOCAL SCHOOL DISTRICT  
INTERDISTRICT OPEN ENROLLMENT APPLICATION  
2019-2020 SCHOOL YEAR**

Please complete this form if you live outside of the Dawson-Bryant Local School District and would like your child to be considered for admission to the Dawson-Bryant Local School District for the 2019-2020 school year under the district's open enrollment policy. Return the completed application to the building that your child will attend or to the Dawson-Bryant Board of Education Office.

***APPLICATIONS MUST BE RECEIVED BY MAY 1, 2019 TO BE ELIGIBLE.***

**PLEASE FILL OUT ONE APPLICATION FOR EACH STUDENT**

Student is currently Open Enrolled at Dawson-Bryant \_\_\_\_\_ Student is new Applicant \_\_\_\_\_

School District that Student Lives In: \_\_\_\_\_

Student's Full Name: \_\_\_\_\_

Address \_\_\_\_\_

Student's Birthdate: \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

Grade Level of student for 2019-2020 school year: \_\_\_\_\_

Is the Student enrolled in a Special Education Program? \_\_\_\_\_

Has the student been suspended or expelled? \_\_\_\_\_ If yes, reason \_\_\_\_\_

Does the student have any other family members residing in the same household who are also submitting an Open Enrollment Application? If yes, please state the name(s) and grade level(s):  
\_\_\_\_\_

I have read the above and sign this to be my full statement as the Parent/Legal Guardian of the above named student.

\_\_\_\_\_  
Parent / Legal Guardian Signature

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Date

**Dawson-Bryant Office Use Only**

Approved \_\_\_\_\_

Denied \_\_\_\_\_

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_