

COLDWATER EXEMPTED VILLAGE SCHOOLS
INTER-DISTRICT OPEN ENROLLMENT APPLICATION
2025-2026 SCHOOL YEAR
APPLICATION DEADLINE: **April 1, 2025**

Student Name: _____ Date: _____

Parent/Guardian's Name: _____

Address: _____ City: _____ Zip: _____

Email Address: _____ Phone: _____ 2025-2026 Grade Level: _____

Birth Date: _____ Do you currently attend Coldwater through open enrollment? Yes or No

Does any immediate family member attend Coldwater Schools through open enrollment currently? Yes or No

Are you a current staff member of Coldwater Schools? Yes or No

District of Residence: _____

Requested District of Attendance: Coldwater Schools

Does child have an Individual Education Plan (IEP) or equivalent? Yes or No

Does child have special needs? Yes or No If yes, please explain _____

Has student been expelled or suspended from school? Yes or No

*** For high school students applying for first time open enrollment:**

List desired classes: _____

Number of high school credits earned at the end of this school year. _____

Other family members seeking open enrollment (use back if needed). Also add name & birthdate of other children not of school age.

Name _____ 2025-2026 Grade Level _____

Name _____ 2025-2026 Grade Level _____

Name _____ 2025-2026 Grade Level _____

My/our signature(s) indicate(s) awareness that completion of this application does NOT provide any permission to change district of attendance. It is merely a request to do so. I/we further understand that notice of approval/denial will be received no later than June 1.

My/our signature(s) indicate(s) that administrators of our district and the district where attendance is desired may exchange any and all information and records relative to my child.

Parent/Guardian Signature Date

Parent/Guardian Signature Date

Office Use Only

Received by: _____ Date: _____ Time: _____

Approved: _____ Denied: _____ Date: _____

Superintendent's Signature: _____

Reason(s): _____