

**Inter-District Choice/ Open Enrollment  
Out of District Request Form**

**Student Name:** \_\_\_\_\_ **DOB** \_\_\_\_\_

**District of Residence** \_\_\_\_\_

**District of Attendance if not Residence** \_\_\_\_\_

**Dates of attendance** \_\_\_\_\_

**Current grade of student** \_\_\_\_\_

**Parent(s) Name(s)** \_\_\_\_\_

**Physical Address** \_\_\_\_\_

**Please attach a letter stating why you would like your child(ren) to attend Arickaree School**

**Please see attached policies JFBB and JFBB-R for out of district request process.**