

**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 _____

Parent Signature _____ Date _____

Parent Signature _____ Date (second year) _____

Parent Signature _____ Date (third year) _____

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

Please fill out an out of district request for each child wishing to attend Arickaree to attach to the above requested letter.

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