

Woodridge Local School District

NOTIFICATION OF ACCEPTANCE**ADJACENT-DISTRICT STUDENT**

Name _____ Date _____

Address _____ City _____ Zip _____

District of Residence _____

District Program, Course, or Grade in which enrollment has been sought

This is to advise that you have been accepted into the above-named program as a Adjacent-District student. This acceptance has been made possible because there has been less than maximum enrollment by resident native students of this District.

Your application may be rescinded, depending upon the date your application was received, or you may be transferred back to your home school at the end of the semester or the school year, if there is an increase in the enrollment of District students at any time during the school year that increases the number of enrolled students to the maximum that can be accommodated. Any revocations of accepted applications or any transfers will be done in accordance with the dates the applications were received by this District.

Keep in mind that the enrollment is for the forthcoming school year only. This District's Board of Education will review the inter-district open enrollment policy annually to determine if the policy is to remain in effect for the next school year. You will be notified of the Board's decision in sufficient time to make application, should the policy remain in effect.

Please return the attached agreement form to the address below by no later than _____.

Position

_____ School District

Address _____

City _____ Zip _____