



XAVIER CHARTER SCHOOL

**Only Fill out if applies to you**

**2017-2018 Xavier Charter Schools  
Out-of-District Request Form**

Applicant Student's Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

School Student is presently attending:

Name of School \_\_\_\_\_

School Address \_\_\_\_\_

Has student ever been suspended or expelled from school? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe the circumstances (including dates and duration):

\_\_\_\_\_

\_\_\_\_\_

Special and/or unique instructional programs in which applicant student is currently enrolled. (For example: special education, foreign language, remedial, gifted/talented, 504 etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Parent/Guardian' Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**I have read the district policy on open enrollment, and hereby request that my child be permitted to attend Xavier Charter Schools.**

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

FOR OFFICE USE:

Head of Schools Signature \_\_\_\_\_

\_\_\_\_\_ Approved \_\_\_\_\_ Disapproved Date \_\_\_\_/\_\_\_\_/\_\_\_\_