

Request for Open Enrollment/Transfer Out of District Students

Date _____ School Year Applying for _____ Grade Level Applying for _____

Student Name _____ Date of Birth _____

Parent/Guardian Information:

Mother name _____ Father name _____

Mailing address _____ City _____ Zip _____

Physical address _____ City _____ Zip _____

Home Phone _____ Work Phone: Mother _____ Father _____

Cell Phone _____ email address _____

Last School Attended _____

Address of School _____

Phone # of School _____

Reason for wanting to attend McClave Schools

As the parent of the above-named student, I verify:

- If approved, the student is expected to abide by all attendance and behavior regulations of McClave School District Re-2.
- The student has had no disciplinary action taken (suspension or expulsion) in the previous attendance center (school).
- The student is not transferring to avoid disciplinary actions.
- McClave School District reserves the right to refuse admission based on the submission of false or incomplete information.
- I understand the initial approval is conditional for two weeks until all of the following information is received and verified by McClave School District personnel:
 - Complete academic records from previous school
 - Discipline records from previous school
 - Copy of state assessments and any other applicable records.
 - Copy of birth certificate
 - All out of district students must reapply prior to the beginning of each school year.

Parent Signature

Date

Application Expires October 1st

Re-adopted 7/9/18

Revised 8/10/26