

Cheatham County School's Open Enrollment Request

School Year: _____ Currently Zoned School: _____ Date: _____

Requested School: (please indicate 1st, 2nd, and/or 3rd choice, if applicable)

- ACES _____
- CCCHS _____
- CMS _____
- ECES _____
- HHS _____
- HMS _____
- KSES _____
- PES _____
- WCES _____

Open Enrollment Fast Facts

1. All out-of-zone students must have approval granted through the Director of School's office
2. Out-of-zone approvals are granted for continuation through the highest-grade level at that school. A student may continue in the next level of the feeder pattern unless the transfer would result in overcrowding or oversized classes.
3. Transportation is the responsibility of the parent and/or guardian.
4. Out-of-zone approvals can be revoked at the end of each semester at the request of the building principal to the Director of Schools. The request will be based on documentation provided by the school of poor attendance, grades, or discipline.
5. Students may return to their zoned school but will not be approved for another school during that school year.
6. Only students zoned for PVES can request a transfer to ECES.
7. Middle and high school athletes may lose their player eligibility.

Reason: _____

Is/does this student:

- In a Special Education program
- An English Language Learner
- On a 504 plan
- Have attendance/behavior issues. Please describe: _____

Name of Student: _____ Gender: _____ Current Grade: _____

Name of Parent(s) and/or Guardians: _____

Physical Address: _____ City, State, Zip: _____

Mailing Address: _____ City, State, Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Parent Signature _____

By signing this application, I understand that I am not ensured my request will be approved.

Circle one: Request approved Request denied Date _____