



Warren Consolidated Schools
 Open Enrollment/Transfer to **Virtual Academy or Return to In Person**
 Secondary Semester 2

Student's Name: _____

Address: _____

City: _____ ZIP Code: _____ Phone: _____

Emergency Contact: _____

Address: _____ Phone: _____

Home School: _____ Grade: _____

Transfer requested:

Return to In Person Learning

Virtual Academy

Reason for Transfer Request: _____

I am aware that transfers are granted under Board of Education policy and understand that the following conditions apply:

1. Approval of transfer is contingent upon staff and facilities.
2. Attendance, behavior, and academic progress may effect approval, and cause revocation of previously approved open enrollment, causing a return to their home school.
3. Student obeys all school rules and provisions of the Student Code of Conduct.
4. Assigned school work is completed promptly by the student.
5. Transfer will remain in effect and continue unless formal action is taken to rescind the transfer.
6. Open Enrollment Virtual Academy or In Person Learning only.

DEADLINE December 3rd, 3:00 pm.

STUDENTS WITH AN INDIVIDUAL EDUCATION PLAN (IEP) WILL HAVE AN IEP CONVENED TO DETERMINE THE APPROPRIATE FAPE ENVIRONMENT TO MEET THEIR INDIVIDUAL NEEDS.

My signature indicates that I have read and agreed to the conditions listed above:

Parent's Signature: _____ Date: _____

Parent Notification by: E-Mail Provide E-Mail Address: _____

OFFICE USE ONLY

Assigned Home School Principal Approval: _____

Special Ed Received S.E. Director/Supervisor: _____

Approved Not Approved Director of Student Affairs: _____

Complete form, print and save.
Return to assigned home school for processing