



INDIVIDUAL COURSE APPLICATION FOR OPEN ENROLLED OUT STUDENTS (Policy 424)

**Date Received
by District:** _____

1. Instructions to Applicant:

- Fill out the form completely and please print legibly.
- Use this form to apply to attend up to two courses.
- This form can be returned no earlier than 6 weeks before the date the course is scheduled to start.
- This form can be returned no later than 1 week before the date the course is scheduled to start.
- Return this form to the office of Executive Director of Teaching and Learning at 200 S. Broadway St., Green Bay, WI 54303.

The District may require the applicant to provide additional information to process this application or, if the application is approved, to register the student for class attendance purposes. If you have questions about filling out this form or about the opportunities available for non-public school students to take courses in the District, please contact *the Executive Director of Teaching and Learning office*.

2. Student Information:

First Name	Middle Name	Last Name	Date of Birth (mm/dd/yyyy)	Grade in School (when taking the course(s))
Address where the student resides:				
Street Address	City	State	Zip Code	

3. Student's Open Enrolled Out School Status:

District resident attending: _____

Address: _____ Phone: _____

4. Identify the Course(s) that the Student Wishes to Attend:

Name of Course	Which school would the student prefer to attend?	Grade Level of the Course	Course Number (if known)	Scheduled Start Date of the Course	Course Available at Out of District School?
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____

5. Check any that Apply:

- The student attended a Green Bay District school within the last four years.
School Name: _____
- The student has been expelled from a public school and the term of the expulsion includes the time period during which the student would attend any of the courses listed above. School Name/City/State: _____
- The student is currently subject to a pending disciplinary matter in a public school that may result in his/her expulsion from the school.
School Name/City/State: _____

6. Parent/Guardian CONSENT FOR RELEASE OF RECORDS and Signature:

I, the parent or guardian of the student identified on this application, understand that the District will need to review the student's educational records in order to process this application, determine his/her eligibility to attend the above-listed course(s), and to provide appropriate instruction. Accordingly, I grant my permission for any school identified in section 3 or 5 of this application, at any time within 6 months of the date of this application, to provide to the District a copy of the student's records, including his/her academic, progress, and behavioral records as defined under section 118.125 of the Wisconsin Statutes.

Parent/Guardian Signature	Print Name	Date	Daytime Telephone
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