

RIDGEWOOD LOCAL SCHOOL DISTRICT

This area should be completed by resident school district to comply with open enrollment policies.

The below signature certifies that the student listed below is enrolled in his/her resident district.

Student: _____ School: _____

Signature: _____ Title: _____

District: _____ Date: _____

(FOR RIDGEWOOD LOCAL SCHOOLS USE ONLY)

RECEIVED BY: _____ DATE: _____

BUILDING PRINCIPAL

Approved By: _____ Title: _____

Rejected By: _____ Title: _____

Reason for rejection: _____

Comment: _____