



VIBE Virtual Learning Program. 2132 Madison Ave. Burlington, IA 52501  
 P: (319) 758-0060 E: [vibe@bcsds.org](mailto:vibe@bcsds.org)

## VIBE ENROLLMENT CHANGE FORM

Effective Date of Enrollment Change: \_\_\_\_\_

Enrolling IN to VIBE	Enrolling OUT of VIBE
Coming FROM: <input type="checkbox"/> Existing BCSD resident Building _____ <input type="checkbox"/> New BCSD resident <input type="checkbox"/> VIBE Partner District _____ <input type="checkbox"/> Existing OE into BCSD Building _____ <input type="checkbox"/> New OE into BCSD <input type="checkbox"/> Other: _____ _____	Going TO _____ <input type="checkbox"/> Existing BCSD resident Building _____ <input type="checkbox"/> Moved out of district <input type="checkbox"/> Records request received _____ <input type="checkbox"/> VIBE Partner District _____ <input type="checkbox"/> Existing OE into BCSD Building _____ <input type="checkbox"/> Other: _____ _____

Student Name(s)	Grade	DOB

Change details: \_\_\_\_\_

New Address (if applicable): \_\_\_\_\_

Previous Address (if applicable): \_\_\_\_\_

Notes from administrator: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only		
Admin Signature _____	Date _____	
Homeschool _____	Denied _____	Approved _____

Complete and send form to [vibe@bcsds.org](mailto:vibe@bcsds.org), [daysha.murray@bcsds.org](mailto:daysha.murray@bcsds.org), and resident building principal.