

INTERDISTRICT OPEN ENROLLMENT APPLICATION

SELECT ONE new renewal	STUDENT'S FULL NAME	STUDENT'S FULL NAME SOCIAL SECURITY NUMBER	
MAILING ADDRESS			
PHONE NUMBER		DATE OF BIRTH	SEX
THORE IN MARKET			
THIS STUDENT IS HISPANIC/LATINO RACIAL GROUP(S)- SELECT ALL THAT APPLY			
□ yes		☐ black/african american ☐	hispanic/latino
□ no		\square american indian/alaskan native \square	native hawaiian/other pacific islander
	□ other	A COTTURNIC ANALYSIS NAME	PARENT/GUARDIAN (PLEASE PRINT)
BIRTH CITY		MOTHER'S MAIDEN NAME	PARTITIONIUS IN COSCINIARY
STUDENT'S GRADE LEVEL FOR SCHOOL YEAR (2024-2025) CURRENT SCHOOL BUILDING YOUR CHILD ATTENDS			
REASON FOR OPEN ENROLLMENT REQUEST			
CIPA INICIC ALABAT		GRADE 2024-2025	BUILDING ATTENDING
SIBLING'S NAME GRADE 2024-2025 SIBLING'S NAME			
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DISTRICT OF RESIDENCE		COUNTY OF RESIDENCE	
IS STUDENT ENROLLED IN ANY SPECIAL EDUCATION OR TUTORIAL PROGRAMS?			
yes no if yes, please explain:			
to the state of the Constitute superintendent's office no later than May 31. Requests will be acted upon no			
Applications must be returned to the Crestview superintendent's office no later than May 31. Requests will be acted upon no			
later than July 1. Applications of students moving into the area school districts after May 31 will be considered. (Any falsification of information may lead to denial of application for open enrollment.) All students expected to participate in			
<u>state examinations.</u>			
PARENT SIGNATURE DATE			
FOR OFFICE USE ONLY			
DATE	APPLICATION STATUS	SIGNATURE OF OFFICIAL	SSID NUMBER
	□ approved		
	☐ rejected		