

Carlisle Local School District

Open Enrollment Application *(Use this application when applying from OUTSIDE the Carlisle Local School District.)*

School Year Applying For: 2012 - 2013

NOTE: This application MUST be submitted to the Administration Office between May 1—May 31. Applications for Open Enrollment are approved for one year only.

Complete Student Information *(Please Print)*

Student's First Name _____ Middle _____ Last _____

Student's /Parent's Address _____

Street _____ City _____ State _____ Zip _____

Phone: (____) _____ Male Female Date of Birth: _____

Social Security Number: _____ - _____ - _____

Parents/Guardian: _____ Birth Place City: _____

Ethnicity: White Black Multi-Racial Hispanic Asian/Island Pacific Native American

Other: _____

Native Language: English Spanish Other: _____

Complete School Information *(Please Print)*

Grade Entering: _____

School District of Residence: _____

School Last Attended or Presently Attending: _____

School of Request: _____

Reason for Request of Open Enrollment: _____

Is the student enrolled in any special program including special education? Yes No

If yes, please explain: _____

Has the student been suspended or expelled in the last year? Yes No If yes, explain _____

Other siblings requesting admission: (Names and Grades) _____

Signature of Parent/Guardian: _____ Date: _____

For Office Use Only:

Date Received: _____ Approved Denied

Principal's Signature: _____ Date: _____

Superintendent's Signature: _____ Date: _____

Date Parent Copy Sent: _____ Adjacent District Copy Sent: _____