

# Carlisle Local School District

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

School Year Applying For: \_\_\_\_\_ - \_\_\_\_\_

**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 \_\_\_\_\_

\_\_\_\_\_

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: \_\_\_\_\_