

**Carlisle Local School District**

Open Enrollment Application (use this application when applying from outside the Carlisle Local School District.)

School Year applying for: **2020 – 2021**

NOTE: This application must be submitted to the Superintendent's Office between May 1 – May 29.

Applications for Open Enrollment are approved for **ONE** year only. Application does **NOT** guarantee acceptance.

**Complete Student Information:**

Student's Full Legal Name: \_\_\_\_\_

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:**

Grade Entering: \_\_\_\_\_

School District of Residence: \_\_\_\_\_

School District Last Attended or Presently Attending: \_\_\_\_\_

Last Grade Level Student Completed: \_\_\_\_\_ Grade Level Requested 2020-2021 School Year: \_\_\_\_\_

Reason for Request of Open Enrollment: \_\_\_\_\_

Is the student enrolled in any special program(s) including special education? ☐ Yes ☐ No

If yes, please explain:

\_\_\_\_\_

Has the student been suspended or expelled in the last year: ☐ Yes ☐ No

If yes, please explain:

\_\_\_\_\_

Other siblings requesting admission: (Names and Grade Level)

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only:**

Date Received: \_\_\_\_\_ ☐ Approved ☐ Denied

Principal's Signature: \_\_\_\_\_ Superintendent's Signature: \_\_\_\_\_

Parent and District Copy Sent: \_\_\_\_\_