



2026-2027 (Accepted from May 1 to June 15, 2026)
SOUTHEASTERN LOCAL SCHOOL DISTRICT - IRN #046276
INTER-DISTRICT OPEN ENROLLMENT APPLICATION

Name of Student _____ Date _____

Student Middle Name _____ Gender _____ Date of Birth _____

Parent/Guardian Name _____ Telephone _____

Address _____ City _____ Zip _____

Birth Place City & State _____ Mother's Maiden Name _____

School District of Residence _____

Last School Attended _____

Grade Level for 2026-2027 _____ If the student has an IEP, list services. _____

The following information is required to be reported by the United States Department of Education and is a US Department of Agriculture Federal requirement. If any of the areas are not answered the student will be coded on a visual basis, per government reporting regulations.

1. Is the student from Hispanic/Latino heritage? _____ (Hispanic/Latino means a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)
2. Race Detail Element: Please indicate the following – you must choose at least one option. If multi-racial choose more than one option.

_____ White _____ Black _____ Asian _____ Pacific Islander _____ American Indian/Alaskan Native

Has the student been suspended from school more than ten consecutive school days the previous school year _____ (yes/no)?

Please identify the status of your request. Your request may be given preference for only the following according to Southeastern Board Policy after April 1st of each year and all applications on first come, first serve basis. Check only those that apply to your situation.

_____ New applicant requesting transfer _____ Prior tuition student
 _____ Sibling of prior year open enrollment student _____ Former Southeastern resident student
 _____ Prior year open enrollment student List former address _____
 List residence year(s), date(s) _____

Parent/Guardian Signature _____

Parent(s)/Guardian(s) must indicate their approval of the transfer upon notification of acceptance.

FOR OFFICE USE

Received by _____ Date _____ Time _____

Signature of Building Principal _____ Approved ___ Rejected ___

Reason for Rejection _____

Signature of Superintendent _____ Approved ___ Rejected ___

SSID # _____ **EFFECTIVE DATE:** _____