



**2024-2025** (Accepted from May 1 to June 15, 2024)  
**SOUTHEASTERN LOCAL SCHOOL DISTRICT - IRN #046276**  
**INTER-DISTRICT OPEN ENROLLMENT APPLICATION**

Name of Student \_\_\_\_\_ Date \_\_\_\_\_

**(FIRST MIDDLE LAST)**

Date of Birth \_\_\_\_\_ Grade Level for 2024-2025 \_\_\_\_\_ Gender  Male  Female

Parent/Guardian Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Birth Place City & State \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

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

Last School Attended \_\_\_\_\_

Does the student have an IEP Yes  No  If yes, 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? Yes / No (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.

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**FOR OFFICE USE**

Received by \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ Acceptance/Non-Acceptance letter sent \_\_\_\_\_

Signature of Building Principal \_\_\_\_\_ Approved  Rejected

Reason for Rejection \_\_\_\_\_

Signature of Superintendent \_\_\_\_\_ Approved  Rejected

**SSID #** \_\_\_\_\_ **EFFECTIVE DATE:** \_\_\_\_\_