2023-2024 (Accepted from May 1 to June 15, 2023)

SOUTHEASTERN LOCAL SCHOOL DISTRICT - IRN #046276

INTER-DISTRICT OPEN ENROLLMENT APPLICATION

Name of Student _____ Date _____

Student's Middle Name_____ Race _____ 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 2023-2024 _____ List Special Education Services Needed _____

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? Y / N (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
____ Sibling of prior year open enrollment student
____ Prior year open enrollment student
____ Prior tuition student
____ Former Southeastern resident 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 _____Acceptance/Non-Acceptance letter sent_____

Signature of Building Principal _____ Approved ___ Rejected ___

Reason for Rejection _____

Signature of Superintendent _____ Approved ___ Rejected ___

SSID # _____ EFFECTIVE DATE: _____