

CRESTVIEW LOCAL SCHOOLS
Open Enrollment Application 2009-2010 School Year

Please complete all items. Please print or type.

Type of Application: New Application Renewal

Name of student _____ Student S.S.# _____
(please list full middle name)

Gender (please circle) M F Birthdate _____

City student was born in _____ Ethnic Origin _____

Parent/Guardian name(s) _____

Mother's Maiden name _____

Address _____

City _____ Zip Code _____

Phone (home) _____ Mother (daytime) _____ Father (daytime) _____

School district in which you reside _____

Does student have special needs? (please circle one) Yes No

Area of need _____

Has a multifactored evaluation been completed? (please circle one) Yes No

Does your child have an Individual Education Plan (IEP) or equivalent? (please circle) Yes No

Grade level of student in upcoming school year _____

If student is not kindergarten age, identify previous school attended _____

For high school students applying for first time open enrollment, list desired classes: _____

_____, _____, _____, _____, _____, _____

Has your child ever been suspended from school for discipline reasons? (please circle) Yes No

Parent's signature _____ Date _____

***Open enrollment applications must be received no earlier than April 1 and no later than May 31. Requests will be acted upon no later than June 15. Applications of students moving into area school districts after May 31 will be considered. (Any falsification of information may lead to denial of application for open enrollment.)**

(for office use only)

Received by _____ Date _____ Time _____

 Approved Rejected Signature of official _____

Reason(s) _____