

**CRESTVIEW LOCAL SCHOOLS**  
**Open Enrollment Application 2019-2020 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 multifactor 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 July 1. 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.) All students are expected to participate in state examinations.**

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**(for office use only)**

Received by \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

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 Approved     Rejected    Signature of official \_\_\_\_\_

Reason(s) \_\_\_\_\_