



Crestview Local Schools
 Tradition Invested in the Future

INTERDISTRICT OPEN ENROLLMENT APPLICATION

SELECT ONE <input type="checkbox"/> new <input type="checkbox"/> renewal	STUDENT'S FULL NAME	SOCIAL SECURITY NUMBER
MAILING ADDRESS		
PHONE NUMBER	DATE OF BIRTH	SEX
THIS STUDENT IS HISPANIC/LATINO <input type="checkbox"/> yes <input type="checkbox"/> no	RACIAL GROUP(S)- <i>SELECT ALL THAT APPLY</i> <input type="checkbox"/> white <input type="checkbox"/> black/african american <input type="checkbox"/> hispanic/latino <input type="checkbox"/> asian <input type="checkbox"/> american indian/alaskan native <input type="checkbox"/> native hawaiian/other pacific islander <input type="checkbox"/> other	
BIRTH CITY	MOTHER'S MAIDEN NAME	PARENT/GUARDIAN (PLEASE PRINT)
STUDENT'S GRADE LEVEL FOR SCHOOL YEAR (2024-2025)	CURRENT SCHOOL BUILDING YOUR CHILD ATTENDS	
REASON FOR OPEN ENROLLMENT REQUEST		
SIBLING'S NAME	GRADE 2024-2025	BUILDING ATTENDING
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
DISTRICT OF RESIDENCE	COUNTY OF RESIDENCE	
IS STUDENT ENROLLED IN ANY SPECIAL EDUCATION OR TUTORIAL PROGRAMS? <input type="checkbox"/> yes <input type="checkbox"/> no if yes, please explain:		

Applications must be returned to the Crestview superintendent's office no later than May 31. Requests will be acted upon no later than July 1. Applications of students moving into the area school districts after May 31 will be considered. (Any falsification of information may lead to denial of application for open enrollment.) All students expected to participate in state examinations.

 PARENT SIGNATURE _____
DATE

FOR OFFICE USE ONLY

DATE	APPLICATION STATUS <input type="checkbox"/> approved <input type="checkbox"/> rejected	SIGNATURE OF OFFICIAL	SSID NUMBER
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