

**CRESTVIEW LOCAL SCHOOL DISTRICT
OPEN ENROLLMENT APPLICATION
SCHOOL YEAR: 2018-19**

Name of Student: _____ Gender: Male / Female
Date of Birth: _____ Is the student Hispanic/Latino? No, the student **is not** Hispanic/Latino
 Yes, the student **is** Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.)

Ethnicity (check one or more) American Indian or Alaska Native Asian Black or African American
 Native Hawaiian/Other Pacific Islander White

Parent/Guardian Name: _____ Phone: _____

Address: _____

School District of Residence: _____

Present Building/Grade: _____

Grade Level of Student for the Upcoming Year: _____

Name of School Student Last Attended: _____

List Special Education Services Needed: _____

Is there an Individual Education Plan (IEP) for the student? _____

If grade level is 9-12, the high school Guidance Counselor will schedule courses (open enrollment transfer acceptance does **NOT** guarantee that every course requested will be available).

Is the student failing any courses for the 2017-18 school year? _____

Has the student been suspended or expelled from school during the previous school year: _____ (yes/no)?

Has the student missed more than fifteen (15) days of school during the previous school year: _____ (yes/no)? If yes, what was the reason for the absence: _____

Parent/Guardian must indicate their approval of the transfer upon notification of acceptance.

Signature of Parent/Guardian Date

For Office Use Only

Received by: _____ Date: _____

Approved: _____ Date: _____

Rejected: _____ Date: _____

Reason for Rejection: _____