

SOUTHEASTERN LOCAL SCHOOL DISTRICT
2024-2025 INTER-DISTRICT OPEN ENROLLMENT APPLICATION

NOTE: This application must be returned to the Superintendent's Office no later than April 19.
Please fill out completely

Date _____ Student S.S. # _____

Name of Student _____ Date of Birth _____
City of Birth _____

Ethnicity / Language _____

Parent/Guardian's Name: Father _____
Mother _____ Maiden Name _____
Resides with: _____

Address _____

Phone: Home / Cell _____ Work _____

New request? (First time request for Open Enrollment) Yes _____ No _____

Present School District of Residence _____
School Presently Attending _____

Grade Level of Student for 2024-2025 School Year _____

Is student enrolled in any special education programs? _____ If yes, please explain. _____

Has student been suspended or expelled during the current school year? _____ If yes, how many days? _____
Reason(s): _____

Signature of Parent/Guardian

FOR OFFICE USE ONLY:

Received By _____ Date _____

Approved _____ Rejected _____ Reason(s) _____

Superintendent's Signature _____ Date _____