**** SOUTH CENTRAL SCHOOL DISTRICT**

 **INTERDISTRICT OPEN ENROLLMENT APPLICATION**

 **RELEASE OF SCHOOL RECORDS AUTHORIZATION**

 **2018-2019 SCHOOL YEAR**

PLEASE PRINT ALL INFORMATION AND RETURN AS SOON AS POSSIBLE

Grade completed for school year 2017-2018 \_\_\_\_\_\_\_\_\_\_

Grade Level for **NEXT** school year 2018-2019 \_\_\_\_\_\_\_\_\_

Name of Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ S.S. # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Race\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of School Attended in 2017-2018 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School District living in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Home Work

List Courses Requested For High School:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_; \_\_\_\_\_\_\_\_\_\_\_\_\_\_; \_\_\_\_\_\_\_\_\_\_\_\_\_; \_\_\_\_\_\_\_\_\_\_\_\_\_; \_\_\_\_\_\_\_\_\_\_\_\_

Please Check Areas Appropriate To This Child:

\_\_\_\_\_\_ Developmentally Handicapped \_\_\_\_\_\_ Speech

\_\_\_\_\_\_ Learning Disabled \_\_\_\_\_\_ Home Instruction

\_\_\_\_\_\_ Joint Vocational School \_\_\_\_\_\_ Other; Explain

\_\_\_\_\_\_ Severe Behavioral Handicapped \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_None of the above apply

**PERMISSION TO RELEASE RECORDS AND INFORMATION TO SOUTH CENTRAL SCHOOLS IS GRANTED FOR THE STUDENT LISTED ABOVE WITH THE FOLLOWING SIGNATURE ON THIS APPLICATION:**

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPLICATIONS SHOULD BE SENT TO THE SUPERINTENDENT’S OFFICE AS SOON AS POSSIBLE. APPLICATIONS WILL BE BASED ON A FIRST COME, FIRST SERVE BASIS.

Inaccurate or incomplete information provided may disqualify the application for approval.

 **-Over-**

OPEN ENROLLMENT APPLICATION

Please identify the status of our request. Your request may be given preference for only the following according to South Central Board Policy, and all applications are on a first come, first served basis. Check only those that apply to your situation.

|  |  |  |
| --- | --- | --- |
|  |  | Prior Tuition Student |
|  |
|  |  | Prior Year Open Enrollment Student |
|  |
|  |  | Member of Same Family in Residence Admitted to South Central |
|  |
|  |  | Former District Resident or Native Student |
|  |
|  |  | List Former Address: |  |
|  |
|  |  | List Residence Year(s) |  | Date(s): |  |
|  |
|  |  | Grandparent is currently a district resident.  |
|  |  | Name of Grandparent: |  |
|  |  | Address: |  |
|  |  | Phone: |  |
|  |
|  |  | Parent is a South Central graduate or former South Central student: |
|  |
|  |  | Parent Name: |  |
|  |  |  | (Include Maiden Name, if applicable) |
|  |  | Former Address: |  |
|  |  | Years of Attendance: |  |
|  |  | Year of Graduation from South Central |  |
|  |  |  | (If applicable) |
|  |  |  |  |
| (For Office Use Only) |  |  |
|  |  |  |
| Inter-district Enrollment Application |  |  |
|  |
| Received by: |  |
|  |
| Date: |  | Time: |  |
|  |
| Approved by: |  |
|  |
| Rejected by: |  |
|  |
| Reason(s): |  |
|  |
|  |

No student shall be denied admission to the South Central School District or to a particular course or instructional program or otherwise discriminated against for reasons of race, color, national origin, sex, or handicap for any other basis of unlawful discrimination.