

Office use only: New

Returning

Moved out of district during school year

NEW LEBANON LOCAL SCHOOL DISTRICT  
INTERDISTRICT OPEN ENROLLMENT STUDENT APPLICATION  
2015-2016

**SECTION A**

Date \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name of Student \_\_\_\_\_  
(First) (Middle) (Last) (Date of birth)

Birth City \_\_\_\_\_ Polio Immunization Date \_\_\_\_\_ Native Language \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

Parent/guardian name(s) \_\_\_\_\_

Current Address (Street) \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ School district of residence \_\_\_\_\_

Cell phone \_\_\_\_\_ Work number \_\_\_\_\_

Email address: \_\_\_\_\_

Last school district your child attended \_\_\_\_\_

Present Grade (2014-2015) \_\_\_\_\_ Grade Requested (2015-2016) \_\_\_\_\_

~~Do you have a child currently enrolled as an open enrollment student? Yes  No~~

Has this student been expelled or suspended from school? Yes  No

Did your child attend Dixie Schools as an open enrollment student last year? Yes  No

If you answered yes, please skip to **SECTION C**.

**SECTION B**

Number of absences for the 2014-2015 school year. \_\_\_\_\_ Excused \_\_\_\_\_ Unexcused \_\_\_\_\_

Is student enrolled in any special education or tutorial programs? Yes  No

If yes, please explain. (If student has IEP please attach)

\_\_\_\_\_  
\_\_\_\_\_

Why do you want your child to attend Dixie Schools (you may use back of this form) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\*HIGH SCHOOL STUDENTS ONLY

\*Number of high school credits anticipated at the end of the 2014-2015 \_\_\_\_\_

Please complete the reverse side of this form (**SECTION C**).

**SECTION C**

I certify that all information contained in this application is true and complete, and I understand that the falsification of any of the above information will void this application and/or the enrollment of my child in the New Lebanon Local School District.

Parent/guardian signature \_\_\_\_\_

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**FOR OFFICE USE ONLY**

Date & Time Rec'd
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Received by: \_\_\_\_\_

Title: \_\_\_\_\_

Transition meeting is required with the building principal.

Meeting Date: \_\_\_\_\_

Approved \_\_\_\_\_ Rejected \_\_\_\_\_ Reason(s) \_\_\_\_\_

Superintendent \_\_\_\_\_ Date \_\_\_\_\_

Copies to: EMIS  
Bldg.