

OPEN ENROLLMENT APPLICATION
NEW BREMEN LOCAL SCHOOLS



New Applicant Renewal Date (mm/dd/yy):

Resident School District:

You must be registered in the school district where you reside.

Assigned school building in resident district?

Are you registered in your home district? Yes No

Is this student currently under suspension or expulsion from another school district? Yes No *If yes, your student is not eligible for open enrollment per school district board policy.*

Legal Name of Student:
(as on birth certificate) First Middle Last

Student Social Security Number:

Gender: Male Female Date of Birth:

Ethnic Origin: Asian/Pacific Islands Multiracial White
 American Indian Black, Non-Hispanic
 Alaskan Native Hispanic

Native Language:

Parent/Guardian Name:

Address City Zip

Home Phone: Work Phone:

Cell Phone: Email Address:

Birthplace of Student (city, state):

School attending before applying for Open Enrollment:

Transfer to be effective for/during what school year: Grade Level:

List any special needs:

Is student enrolled in any special education or tutoring program? Yes No

If yes, please explain:

List any siblings currently attending schools via open enrollment (other than resident district)

Name:

District Attending:

If enrolling in high school courses, list desired classes:

Number of high school credits earned if applying at end of this school year:

Submission of Application

Application must be received in the Superintendent's office between **April 1 and June 15**. If mailed, mark envelopes "Open Enrollment"

Assurances

I certify that the information given is true and accurate to the best of my knowledge. I understand that by falsifying or the omission of information will result in denial or rescinding of Open Enrollment to New Bremen Local Schools.

My signature indicates awareness that the completion of this application does NOT provide any permission to change district of attendance. It is merely a request to do so. I further understand that notice of approval or denial will be received no later than July 15

My signature indicates that administrators of our district and the district where attendance is desired may exchange any and all information and records relative to my child

Parent/Guardian Signature

Date

Student Signature

Date

OFFICE USE ONLY

Received by:

Time:

Date:

Rejected by:

Date:

Reason(s):

Date:

Supt. Signature:

Date: