SEBRING LOCAL SCHOOLS
STATEWIDE INTERDISTRICT OPEN ENROLLMENT APPLICATION

Student Name _____ 2015-16 School Year

Date of Birth _____ Date _____

Parent/Guardian's Name _____ Phone _____

Address _____ Work Phone _____

_____ School Requested _____

city state zip

Resident School District _____ Grade level for 205-16 _____

School presently attending _____

In what extracurricular activities is the student involved? _____

Is student enrolled in special education or tutorial programs? _____

Does student currently possess an IEP? _____

FEDERAL REQUIREMENT:

Ethnicity _____ Race _____

(Select one option below)

1. White
2. Black / African American
3. Hispanic / Latino
4. Asian
5. American Indian or Alaskan Native
6. Native Hawaiian or Other Pacific Islander

Multiracial (select two or more options below)

1. White
2. Black / African American
3. Hispanic / Latino
4. Asian
5. American Indian or Alaskan Native
6. Native Hawaiian or Other Pacific Islander

Parent/Guardian Signature _____ Date _____

APPLICATION MUST BE RECEIVED BY THE SUPERINTENDENT'S OFFICE NO LATER THAN MAY 12 OF THE CALENDAR YEAR.

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(For Office Use Only)

Received By: _____ Date: _____ Time: _____

Approved By: _____

Rejected By: _____

Reasons: _____

Date Confirmed by Parent/Guardian _____ cc: EMIS

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