

# Manchester Local School District Interdistrict Open Enrollment Application

Date: \_\_\_\_\_ Student SSN: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Student Name: \_\_\_\_\_  
(Last) (First) (Middle)

Parent/Guardian Name: \_\_\_\_\_

Residential Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Current School District of Residence: \_\_\_\_\_

School Last Attended: \_\_\_\_\_

Current or Upcoming Grade Level of Student: \_\_\_\_\_

List all specific high school courses to be requested (if applicable): \_\_\_\_\_  
\_\_\_\_\_

Is the student enrolled in any special education program or has the student been evaluated for or referred for special education? \_\_\_\_\_  
\_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Has the student been suspended or expelled for 10 or more consecutive days during this or the previous semester? \_\_\_\_\_

Note: 1) Falsification of any of the above information may result in the voiding of this application.  
2) Requests will be acted upon no later than June 15<sup>th</sup>. Parents must indicate acceptance of transfer on or before June 30<sup>th</sup>, or the application may be voided.

Parent/Guardian Signature: \_\_\_\_\_

***For office use only – Do not write below this line***

Received by: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Approved  Rejected

Signature of Official: \_\_\_\_\_

Reason: \_\_\_\_\_