

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 30th. Kindergarten applications will not be acted upon until the beginning of the school year.

Parent/Guardian Signature: _____

For office use only – Do not write below this line

Received by: _____

Date: _____ Time: _____

Approved Rejected

Signature of Official: _____

Reason: _____