

**UNION LOCAL SCHOOL DISTRICT
INTER-DISTRICT OPEN ENROLLMENT APPLICATION**

Date _____ Mother's Maiden Name _____

Name _____ Date of Birth _____

 First Middle Last
Social Security Number _____ Place of Birth _____

Parent/Guardian's Name/Address/Zip (Please Print) _____

Telephone No. (Home) _____ (Work) _____

Grade Level of Student for Upcoming School Year (2020-2021) _____

Name of School District of Residence _____

Name of Last School Attended _____

Were you on Open Enrollment to this District last school year? _____

Reason for Transferring _____

Has the student been suspended or expelled during this semester or previous semester? _____

_____ If yes, number of days _____

Does the Student receive Special Services? SPEECH 504 GIFTED

Does the Student have an IEP? No Yes Identification _____

9-12 Grades: Are you interested in College Credit Plus? _____
Full Time or Part Time (please circle)

The United States Department of Education mandates that school districts collect and report racial and ethnic data. The purpose for collecting this information is to ensure equal access to education for all students. Please complete the information below.

1. Is the student **Hispanic/Latino**? (a person of Cuban, Mexican, Puerto Rican, South & Central American, or other Spanish culture of origin, regardless of race) Yes No

2. Which of the following five racial groups applies to the student? Check all that apply
 American Indian or Alaska Native—Persons having origins in any of the original peoples of North and South American (including Central America) and who maintain tribal affiliation or community attachment.

Asian—Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. This area includes, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Island, Thailand and Vietnam.

Black or African American—Persons having origins in any of the black racial groups in Africa.

Native Hawaiian or Other Pacific Islander

White—People who have origins in any of the original peoples of Europe, North Africa, or the Middle East

Parent/Guardian Signature _____

**APPLICATION MUST BE RECEIVED BY THE UNION LOCAL SUPERINTENDENT'S OFFICE
BY THE DATE(S) LISTED BELOW. APPLICATION MUST BE FILLED OUT AND RETURNED
PRIOR TO THE BEGINNING OF THE SCHOOL YEAR FOR WHICH YOU ARE APPLYING
APRIL 15-30, 2020**

(For Office Use Only)

Received by _____ Date _____ Time _____

Principal's Approval _____

Spec. Ed. Supervisor Approval _____

Approved by Superintendent _____ Rejected by Superintendent _____

Reason(s) _____

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

_____ To School of Residence _____ Verification Letter Sent