## CRESTLINE EXEMPTED VILLAGE SCHOOL DISTRICT

## Application for Inter-District Enrollment

**INSTRUCTIONS:** The parent is to complete this application for each student affected, and submit to the office of the Superintendent of the school district the student wishes to attend. Note: A student who has been suspended or expelled for ten(10) or more consecutive days in this current semester, or in the previous semester, is not eligible for consideration for Inter-District Transfer.

| Student Name:  |                     |   |   |
|--|---------------------|---|---|
| (as it appears on Birth Certificate)                             | First               | Middle Name   | Last  |
| Date of Birth:   | _ City of Birth:    |   |   |
| Is the student Hispanic/Lati                                     | no?No, no           | ot Hispanic/LatinoY   | es, (A person of Cuban, Mexican, Puerto Rican           |
| South or Central American o                                      | r other Spanish     | culture or origin, regardles  | s of race.) Federal Government Requirement              |
| Please answer BOTH part A  |                     |   |   |
| Part A. Ethnic Category: (Circ                                   | -                   | Black/African American<br>Hawaiian/Pacific Islander                                     | Hispanic/Latino Multi-Racial Asian                      |
|  | Na                  | ative Hawaiian/Pacific Islan  |   |
| I choose not to answe<br>category that best applies ba           |                     |   | derstand the school district will choose the            |
| Present School Attending:  |                     |   | _ Present Grade Level:                                  |
| District of Residence:   |                     |   | _ Native Language:                                      |
| Parent Name:   |                     | M   | other's Maiden Name:                                    |
| Parent Address:  |                     |   |   |
| Is this child in your home thr<br>signed certified copy of the c | -                   |   | Yes – please provide the most recent t already done so. |
| Phone Number:  | one Number: Address |   | ffective Date:  |
| Indicate if the student is pre-<br>Title 1 Services<br>Gifted    | l                   | any of the following specia<br>earning Disability Class<br>Severe Behavior Disability ( | Developmental Disability Class                          |
| English as Second Lan<br>504 Plan                                | guageS              |   | Other (Health, Hearing, Visual, OT)                     |
| Anticipated Grade Level for 2                                    |                     | <b>ool</b> Year:  |   |
| Parent Signature:  |                     |   | Date:   |
|  |                     | (This space is for office u   | ise)  |
| -  | Approved            | Rejected  | SSID  |
| Comment/Reason(s):   |                     |   |   |
| Official Signature:  |                     |   | Date:   |