

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: _____ Soc. Sec. No: ____/____/____

Is the student Hispanic/Latino? ____ **No**, not Hispanic/Latino ____ **Yes**, (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.) Federal Government Requirement

Please answer **BOTH part A and B:**

Part A. Ethnic Category: (Circle one) White Black/African American Hispanic/Latino Multi-Racial Asian
Native Hawaiian/Pacific Islander

Part B. Race Group: (Circle one or more) American Indian/Alaskan Native Asian Black/African American White
Native Hawaiian/Pacific Islander

____ I choose not to answer one or more of the above categories. I understand the school district will choose the category that best applies based on visual identification.

Present School Attending: _____ Present Grade Level: _____

District of Residence: _____ Native Language: _____

Parent Name: _____ Mother's Maiden Name: _____

Parent Address: _____

Is this child in your home through foster or court placement? ____ No ____ Yes – please provide the most recent signed certified copy of the court order granting custody if you have not already done so.

Phone Number: _____ Address Effective Date: _____

Indicate if the student is presently receiving any of the following special services:

____ Chapter 1 Remedial Services ____ Learning Disability Class ____ Developmental Disability Class
____ Gifted ____ Severe Behavior Disability Class ____ Multiple Disability Class
____ English as Second Language ____ Speech Therapy ____ Other(Health, Hearing, Visual, Etc)
____ 504 Plan

Anticipated Grade Level for **2019/2020** School Year: _____

Parent Signature: _____ Date: _____

(This space is for office use)

____ Approved ____ Rejected SSID _____

Comment/Reason(s): _____

Official Signature: _____ Date: _____