

Ansonia Local Schools

INTER-District Open Enrollment Application

Use this application when applying from OUTSIDE of Ansonia Local School District.

School Year Applying For: \_\_\_\_\_ - \_\_\_\_\_

NOTE: This application MUST be submitted to the District Superintendent between April 1 – April 15.

Complete Student Information (Please print)

Student First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Student Last Name: \_\_\_\_\_
Student Address: \_\_\_\_\_
City, State Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
County: \_\_\_\_\_ Social Security #: \_\_\_\_\_
Phone: \_\_\_\_\_ Birth Place City: \_\_\_\_\_
Parents/Guardian: \_\_\_\_\_
Ethnicity: [ ] Caucasian(CA) [ ] Black(BL) [ ] Multi-Racial(MR) [ ] Hispanic(SP)
[ ] Asian/Island Pacific(AS) [ ] American Indian(IN) [ ] Other \_\_\_\_\_
Native Language: [ ] English [ ] Spanish [ ] Japanese [ ] Other \_\_\_\_\_

Complete School Information (Please print)

Grade Entering: \_\_\_\_\_
School District of Residence: \_\_\_\_\_
School Last Attended or Presently Attending: \_\_\_\_\_
School of Request: \_\_\_\_\_
High School - List Specific Courses Desired: \_\_\_\_\_
Reason for Request: \_\_\_\_\_
Is the student enrolled in a special program? [ ] Yes [ ] No
Does the student have an IEP? [ ] Yes [ ] No
If yes to either question, please explain:
For our planning purposes, are there siblings at home that may apply for open enrollment in the future? [ ] Yes [ ] No
If yes, please list birth date(s) \_\_\_\_\_

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

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

School of Request Recommendation:

Date Received: \_\_\_\_\_ [ ] Approved [ ] Denied
Principal's Signature: \_\_\_\_\_
Reason for Denial: \_\_\_\_\_

Superintendent's Recommendation:

Date Received: \_\_\_\_\_ [ ] Approved [ ] Denied
Superintendent's Signature: \_\_\_\_\_
Reason for Denial: \_\_\_\_\_

Date Used for EMIS Reporting: \_\_\_\_\_