

OPEN ENROLLMENT APPLICATION

HARDIN-HOUSTON LOCAL SCHOOLS

New Applicant

Renewal

Date:

Resident School District:

You must be registered in the school district where you reside.

Are you registered in your home district? Yes No

Assigned school building in resident district:

Legal Name of student:

(as on Birth Certificate)

First

Middle

Last

Gender

Date of Birth:

Ethnic Origin:

Asian/Pacific Islands

Black, Non Hispanic

American Indian

Hispanic

Alaskan Native

White

Native Language:

Multiracial

Parent/Guardian Name:

Address:

Street

City

State

Zip

Home Phone:

Work Phone:

Cell Phone:

Email Address

Birthplace of student (City & State)

School attending before applying for Open Enrollment:

Transfer to be effective for/during the school year.

Grade Level

Would you like to be considered for transportation? Yes No If yes, from what location?
(Due to limited seating availability transportation is not guaranteed.)

Requested date of transfer: 1st Qtr. 2nd Qtr. 3rd Qtr. 4th Qtr. 1st Semester 2nd Semester

Other:

List any special needs:

Is student enrolled in any special education or tutoring programs? Yes No

If yes, please explain:

List any siblings currently attending schools, other than resident district, through Open Enrollment.
Name _____ District Attending _____

Please state your reasons for transfer to the Hardin-Houston Local Schools.

Parent Signature _____ Student Signature _____

Submission of Application

Application must be received in the Superintendent’s office between the dates of
April 1st and May 31st. If mailed, mark envelopes OPEN ENROLLMENT. Parents will be notified of Open Enrollment status by June 15th.

Assurances

I certify that the information given is true and accurate to the best of my knowledge. I understand that by falsifying or the omission of information will result in denial or rescinding of Open Enrollment to Hardin-Houston Local Schools.

Parent/Guardian Signature _____ Date: _____

I certify that the student listed on this form **is registered in our legal district of residence**, which is:

Parent/Guardian Signature _____ Date: _____

OFFICE USE ONLY

Received by _____

Date _____

Time _____

Approved by _____

Date _____

Rejected by _____

Date _____

Reason(s) _____

Superintendent’s Signature _____