

**CELINA CITY SCHOOLS
OPEN ENROLLMENT APPLICATION
(2011-2012 School Year)**

APPLICATION DEADLINE: AUGUST 1, 2011

A SEPARATE APPLICATION MUST BE COMPLETED FOR EACH STUDENT SEEKING OPEN ENROLLMENT

Check Type of request: _____ Interdistrict (From outside Celina) _____ Intradistrict (Within Celina) Date _____

School requested: (Circle one) High (9-12) Middle (7-8) Intermediate (5-6) East (K-4) West (K-4)

Full name of student _____
(As on birth certificate) (First) (Middle) (Last)

Student Social Security# _____ Sex: _____ Date of Birth: _____

Birth Place City & State: _____ Ethnic (Race): _____ 2011-12 Grade Level _____

Parent/Guardian Name: _____
(Please print) (First) (Middle) (Last)

Parent/Guardian Name: _____
(Please print) (First) (Middle) (Last)

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

School District of Residence: (student must be registered in home district) _____

Requested District of Attendance: _____ Celina City Schools District IRN 043729

Reason for transfer request: _____

Does your child currently attend Celina Schools through open enrollment? _____ Yes _____ No

Does your child have special needs? _____ Is your child currently on an IEP? _____

Has your child been expelled or suspended from school? _____ Yes _____ No

Celina City Schools will not provide bus transportation for open enrollment students unless it is deemed practical and reasonable by the superintendent or designee. No new bus routes will be established.

A copy of Celina City Schools Open Enrollment Policy is available upon request. (Interdistrict Policy #5113 and Intradistrict Policy #5113.01)

Signature of Parent/Guardian

Date

FOR OFFICE USE ONLY

Received by: _____ **Date:** _____ **Time:** _____

Signature of Principal _____

Approved: _____ **Denied:** _____ **Date:** _____

Signature of Superintendent _____

Reason(s): _____
