

**CELINA CITY SCHOOLS  
OPEN ENROLLMENT APPLICATION  
(2021-2022 School Year)**



**APPLICATION DEADLINE: AUGUST 1, 2021**

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

Date \_\_\_\_\_

**Please complete each line of the application.**

School requested: (Circle one) High (9-12) Middle (7-8) Intermediate (5-6) Elementary (3-4) Primary (K-2)

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

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Birth Place (City & State): \_\_\_\_\_

Ethnic (Race): \_\_\_\_\_ 2021-22 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: \_\_\_\_\_

Email Address: \_\_\_\_\_

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. (Inter-district Policy #5113 and Intra-district 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):** \_\_\_\_\_

\_\_\_\_\_