

**UNION LOCAL SCHOOL DISTRICT
INTER-DISTRICT OPEN ENROLLMENT APPLICATION**

Date: _____

Name: _____ Date of Birth: _____

First Middle Last

Gender _____ Mother's Maiden Name: _____ Place of Birth: _____

Parent/Guardian's Name/Address/Zip (Please Print): _____

Telephone No. (Home): _____ (Work): _____

Grade Level of Student for Upcoming School Year (2024-2025): _____

Name of School District of Residence: _____

Name of Last School Attended: _____

Were you on Open Enrollment to this District last school year? _____

Reason for Transferring? _____

Has the student been suspended or expelled during this semester or previous semester? _____

_____ If yes, number of days? _____

Does the Student receive Special Services? _____ SPEECH _____ 504 _____ GIFTED

Does the Student have an IEP? _____ No _____ Yes Identification _____

7-12 Grades: Are you interested in College Credit Plus? _____

Full Time or Part Time (please circle)

The United States Department of Education mandates that school districts collect and report racial and ethnic data. The purpose for collecting this information is to ensure equal access to education for all students. Please complete the information below.

1. Is the student **Hispanic/Latino**? (a person of Cuban, Mexican, Puerto Rican, South & Central American, or other Spanish culture of origin, regardless of race) _____ **Yes** _____ **No**

2. Which of the following five racial groups applies to the student? Check all that apply

_____ **American Indian or Alaska Native**—Persons having origins in any of the original peoples of North and South American (including Central America) and who maintain tribal affiliation or community attachment.

_____ **Asian**—Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. This area includes, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Island, Thailand and Vietnam.

_____ **Black or African American**—Persons having origins in any of the black racial groups in Africa.

_____ **Native Hawaiian or Other Pacific Islander**

_____ **White**—People who have origins in any of the original peoples of Europe, North Africa, or the Middle East

Parent/Guardian Signature: _____

**APPLICATION FOR THE 24/25 SCHOOL YEAR MUST BE RECEIVED BY THE UNION
LOCAL SUPERINTENDENT'S OFFICE BY THE DATE LISTED BELOW:**

APRIL 30, 2024

If you have moved out of district during the 2024-2025 school year please fill out the effective date.

Effective OE Date: _____

(Date That The Open Enrollment Started)

(For Office Use Only)

Received by _____ Date _____ Time _____

Principal's Approval _____

Spec. Ed. Supervisor Approval _____

Approved by Superintendent _____ Rejected by Superintendent _____

Reason(s) _____

No student shall be denied admission to the Union Local School District or to a particular course or instructional program or otherwise discriminated against for reasons of race, color, national origin, sex, handicap, or any other basis of unlawful discrimination.

To School of Residence _____ Verification Letter Sent _____