

# New Boston Local School District

## Interdistrict Open Enrollment Application

Date of Application: \_\_\_\_\_

Present School District of Residence: \_\_\_\_\_

School Building Presently Attending: \_\_\_\_\_

Student's Name: \_\_\_\_\_  
Last First Middle

Student's SSN: \_\_\_\_\_ Student's D.O.B.: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Telephone No's: \_\_\_\_\_ Current Grade Level \_\_\_\_\_  
Home Cell

List all specific high school courses to be requested: \_\_\_\_\_

Is the student enrolled in any special education programs or has the student been evaluated for and/or referred for special education? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

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

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

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Note: 1. Falsification of any of the above information may result in the voiding of this application.  
2. Requests will be acted upon no later than June 12. Parents must indicate acceptance of transfer on or before June 26 or the application may be voided.

**FOR OFFICE USE ONLY – Do not write below this line**

Received by: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Principal Notified

Approved  Rejected  Conditional Approval

Signature of Official: \_\_\_\_\_

Reason(s): \_\_\_\_\_