

Ansonia Local Schools

INTER-District Open Enrollment Application

Use this application when applying from OUTSIDE of Ansonia Local School District.

School Year Applying For: ____ - ____

NOTE: This application MUST be submitted to the District Superintendent between April 1 – April 15.

Complete Student Information (Please print)

Student First Name: Middle: Student Last Name:
Student Address:
City, State Zip: Date of Birth:
County: Social Security #:
Phone: Birth Place City:
Parents/Guardian:
Ethnicity:
Native Language:

Complete School Information (Please print)

Grade Entering:
School District of Residence:
School Last Attended or Presently Attending:
School of Request:
High School - List Specific Courses Desired:
Reason for Request:
Is the student enrolled in a special program?
Does the student have an IEP?
If yes to either question, please explain:
For our planning purposes, are there siblings at home that may apply for open enrollment in the future?
If yes, please list birth date(s)

Signature Parent/Guardian: Date:

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

School of Request Recommendation:

Date Received:
Principal's Signature:
Reason for Denial:

Superintendent's Recommendation:

Date Received:
Superintendent's Signature:
Reason for Denial:

Date Used for EMIS Reporting: