MANCHESTER LOCAL SCHOOLS
OPEN ENROLLMENT APPLICATION
2024-2025

Please read the guidelines attached. Please remember to enclose all requested copies listed on the guidelines. A separate application must be completed for each student annually.

LEGAL NAME OF STUDENT _____
First Middle Last

ADDRESS _____ Start Date _____
STREET CITY ZIP

STUDENT DATE OF BIRTH ____/____/____ GENDER _____ GRADE ENTERING 2024-2025 _____

HAS STUDENT BEEN SUSPENDED OR EXPELLED FROM SCHOOL? IF YES, EXPLAIN _____

_____

PARENT/GUARDIAN'S LEGAL NAME/S _____

CURRENT SCHOOL DISTRICT WHERE YOU LIVE _____

CURRENT DISTRICT OF ATTENDANCE _____

PARENT/GUARDIAN PHONE NUMBER _____

PARENT/GUARDIAN E-MAIL ADDRESS _____

DOES YOUR CHILD HAVE AN IEP AND/OR RECEIVE SPECIAL EDUCATION SERVICES? ☐ YES ☐ NO

REASONS FOR REQUESTING OPEN ENROLLMENT:

1. _____

2. _____

3. _____

PARENT/GUARDIAN SIGNATURE: X _____ *DATE* _____

ANY FAILURE TO DISCLOSE ANY INFORMATION AND/OR FALSIFICATION OF INFORMATION ON THIS FORM WILL CAUSE THIS APPLICATION TO AUTOMATICALLY BE DENIED.

FOR OFFICE USE ONLY

PRINCIPAL: ☐ APPROVES ☐ REJECTS _____
PRINCIPAL'S SIGNATURE

SUPERINTENDENT: ☐ APPROVES ☐ REJECTS _____
SUPERINTENDENT'S SIGNATURE

DATE NOTIFIED _____