DANVILLE LOCAL SCHOOLS

INTER-DISTRICT OPEN ENROLLMENT APPLICATION

2020-2021 School Year

Application Date: _____

Student Name: _____
First Name Middle Name Last Name

Student Social Security #: _____ Male: ___ Female: ___ Date of Birth: _____

Place of Birth:_____ Ethnicity: Hispanic/Latino yes ____ no ____

Race: White____ Black or African American____ American Indian or Alaskan Native____ Asian____ Native Hawaiian or Pacific Islander___

Native Language: _____ Mother's Maiden Name: _____

Father/Step-Father/Guardian's Name:_____

(circle one) Address:_____ _____ _____
Rd/Street Number/Name/PO Box City Zip

Phone: Home_____ Cell_____ Work_____

Mother/Step-Mother/Guardian's Name:_____

(circle one) Address: _____ _____ _____
Rd/Street Number/Name/PO Box City Zip

Phone: Home_____ Cell_____ Work_____

If you do not have a phone, please give phone number of relative or neighbor:_____

If parents are separated/divorced, who is custodial parent/guardian?_____
(Must provide legal court documents naming custodial parent/guardian)

Present School District of Residence: _____ **Grade Level Applying For:** _____

Is student enrolled in any special education or tutorial programs? _____ If yes, explain_____

_____

Is this student on an IEP?_____

Parent/Guardian Signature: _____ Date_____

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

FOR OFFICE USE ONLY

Received by:_____ **Date:**_____

Approved:_____**Rejected:**_____ **Reason:**_____

Signature of Official:_____