



**2024-2025 (Accepted from May 1 to June 15, 2024)**  
**SOUTHEASTERN LOCAL SCHOOL DISTRICT - IRN #046276**  
**INTER-DISTRICT OPEN ENROLLMENT APPLICATION**

Name of Student \_\_\_\_\_ Date \_\_\_\_\_

Student's Grade 2024-25 \_\_\_\_\_ Race \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Birth Place City & State \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

School District of Residence \_\_\_\_\_

Last School Attended \_\_\_\_\_

Student on IEP Yes \_\_\_ No \_\_\_ List Special Education Services Needed \_\_\_\_\_

**The following information is required to be reported by the United States Department of Education and is a US Department of Agriculture Federal requirement. If any of the areas are not answered the student will be coded on a visual basis, per government reporting regulations.**

1. Is the student from Hispanic/Latino heritage? Y / N (Hispanic/Latino means a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)
2. Race Detail Element: Please indicate the following – you must choose at least one option. If multi-racial choose more than one option.

\_\_\_ White \_\_\_ Black \_\_\_ Asian \_\_\_ Pacific Islander \_\_\_ American Indian/Alaskan Native

Has the student been suspended from school more than ten consecutive school days the previous school year \_\_\_\_\_ (yes/no)?

Please identify the status of your request. Your request may be given preference for only the following according to Southeastern Board Policy after April 1st of each year and all applications on first come, first serve basis. Check only those that apply to your situation.

\_\_\_ New applicant requesting transfer \_\_\_\_\_ Prior tuition student  
 \_\_\_ Sibling of prior year open enrollment student \_\_\_\_\_ Former Southeastern resident student  
 \_\_\_ Prior year open enrollment student \_\_\_\_\_ List former address \_\_\_\_\_  
 \_\_\_\_\_ List residence year(s), date(s) \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_

Parent(s)/Guardian(s) must indicate their approval of the transfer upon notification of acceptance.

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**FOR OFFICE USE**

Received by \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ Acceptance/Non-Acceptance letter sent \_\_\_\_\_

Signature of Building Principal \_\_\_\_\_ Approved \_\_\_ Rejected \_\_\_

Reason for Rejection \_\_\_\_\_

Signature of Superintendent \_\_\_\_\_ Approved \_\_\_ Rejected \_\_\_

SSID # _____	EFFECTIVE DATE: _____
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