

**WILMINGTON CITY SCHOOL DISTRICT
INTERDISTRICT OPEN ENROLLMENT APPLICATION**

Name of Student _____ SS# _____

Address _____

Parent or Guardian _____

Home Phone # _____ Cell Phone # _____ Work Phone # _____

Grade Level Completed _____ Building Presently Attending _____

Present School District of Residence _____

List all specific high school courses to be requested _____

Is the student enrolled in any special education programs or has the student been evaluated or referred for special education? _____ If yes, explain _____

Has the student been suspended for 10 or more consecutive days or expelled during this or the previous semester? _____ If yes, explain _____

Why are you applying for open enrollment for your child? _____

Note: Requests will be acted upon no later than June 30 for the first semester and January 10 for the second semester. Parents must indicate acceptance of transfer on or before August 1 for first semester and January 15 for second semester by providing past school records of grades, credits, and promotions or the application may be voided. Falsification of any of the above information may result in the voiding of this application/agreement.

Parent/Guardian Signature _____ Date _____

FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

Received by _____ Date _____ Time _____

Approved _____ Rejected _____ Signature of Office _____

Reasons rejected _____