

Newton Local School

(District IRN: 048637)

INTER-District Open Enrollment Application

Use this application when applying from OUTSIDE the Newton Local School District.

School Year Applying For: _____ - _____

NOTE: This application should be submitted to the District Superintendent between May 1-May 31.

Complete Student Information (Please print)

Student First Name: _____	Middle: _____	Student Last Name: _____
Student Address: _____		<input type="checkbox"/> Male <input type="checkbox"/> Female
City, State, Zip: _____		Date of Birth: _____
Phone: _____		Month Day Year
Parents/Guardian: _____		Birth Place City: _____
Ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Hispanic		
<input type="checkbox"/> Asian/Island Pacific <input type="checkbox"/> Native American <input type="checkbox"/> Other: _____		
Native Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Japanese <input type="checkbox"/> Other: _____		

Complete School Information (Please print)

Grade Entering: _____
School or District of Residing: _____
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? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain: _____

Signature of Parent/Guardian: _____ Date: _____

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

Superintendent's Recommendation:

Date Received: _____ <input type="checkbox"/> Approved <input type="checkbox"/> Denied
Superintendent Signature: _____
Reason for Denial: _____

Date Parent Copy Sent: _____	Adjacent District Superintendent Copy Sent: _____
Date of Newton Principal Review: _____	Principal Signature _____
Date Filed: _____	