

OPEN ENROLLMENT APPLICATION

Please identify the status of our request. Your request may be given preference for only the following according to South Central Board Policy, and all applications are on a first come, first served basis. Check only those that apply to your situation.

_____ Prior Tuition Student

_____ Prior Year Open Enrollment Student

_____ Member of Same Family in Residence Admitted to South Central

_____ Former District Resident or Native Student

List Former Address: _____

List Residence Year(s) _____ Date(s): _____

_____ Grandparent is currently a district resident.
Name of Grandparent: _____
Address: _____
Phone: _____

_____ Parent is a South Central graduate or former South Central student:
Parent Name: _____
(Include Maiden Name, if applicable)
Former Address: _____
Years of Attendance: _____
Year of Graduation from South Central _____
(If applicable)

(For Office Use Only)

Inter-district Enrollment Application

Received by: _____

Date: _____ Time: _____

Approved by: _____

Rejected by: _____

Reason(s): _____

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