

**HICKSVILLE EXEMPTED VILLAGE SCHOOLS
OPEN ENROLLMENT APPLICATION
2018-2019 SCHOOL YEAR**

Name of Student _____ Application Date _____
(First/Middle/Last)

Date of Birth _____ Birth City/State _____

Ethnicity: check multiple if necessary

| | |
|---|---|
| <input type="checkbox"/> W White (Non-Hispanic) | <input type="checkbox"/> I American Indian or Alaskan Native |
| <input type="checkbox"/> B Black (Non-Hispanic) | <input type="checkbox"/> P Persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands |
| <input type="checkbox"/> H Hispanic | |
| <input type="checkbox"/> A Asian | |

Parent/Guardian's Name _____

Address _____ Phone Number _____
(Street/City/Zip Code)

School District of Residence _____

Grade Level of Student for **2018-2019** School Year _____

Please check the category which applies to your request:

lives in an adjacent school district wishing to attend Hicksville Schools.
 previously attended Hicksville Schools in grades _____.

*Indicate any special programs in which the student is presently enrolled:

| | |
|--|--|
| <input type="checkbox"/> Developmental Handicapped | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Multiple Handicapped | <input type="checkbox"/> Severe Behavior |
| <input type="checkbox"/> Speech/Hearing | <input type="checkbox"/> Gifted |
| <input type="checkbox"/> Other _____ | |

If for specific high school courses, please list: _____

*Note: A copy of a current I.E.P. (if applicable) must be included with the application.

Parent/Guardian's Signature _____

Applications for open enrollment are approved for only one (1) year and must be on file and approved by the Superintendent of schools no later than June 1, 2018.

Received by _____ Date/Time _____

Approved by _____ Rejected by _____

Reason _____