

Carlisle Local School District Open Enrollment Application

Use this application when applying from outside the Carlisle Local School

District. **School Year applying for: 2025-2026**

NOTE: This application must be submitted to the Administration Office between May 1st and May 31st along with proof of residency before the application will be accepted. (Lease/rental agreement, mortgage statement, property tax statement)

Applications for Open Enrollment are approved for one year only.

Complete Student Information:

Student's Full Legal Name: _____

Student's/Parent's Address: _____
Street City State Zip

Phone: _____ ☐ Male ☐ Female Date of Birth: _____

Social Security Number _____ - _____ - _____

Parents/Guardian: _____ Birth Place City: _____

Ethnicity: ☐ White; ☐ Black; ☐ Multi-Racial; ☐ Hispanic; ☐ Asian/Island Pacific; ☐ Native American; ☐ Other: _____

Native Language: ☐ English ☐ Spanish ☐ Other: _____

Complete School Information:

Grade Entering: _____

School District of Residence: _____

School Last Attended or Presently Attending: _____

School of Request: _____

Reason for Request of Open Enrollment: _____

Is the student enrolled in any special program(s) including special education? ☐ Yes ☐ No

If yes, please explain:

Has the student been suspended or expelled in the last year: ☐ Yes ☐ No

If yes, please explain:

Other siblings requesting admission: (Names and Grade Level)

Name: _____ Grade: _____ Name: _____ Grade: _____

Name: _____ Grade: _____ Name: _____ Grade: _____

Parent/Guardian Signature: _____ Date: _____

For Office Use Only:

Date Received: _____ ☐ Approved ☐ Denied

Principal's Signature: _____ Superintendent's Signature: _____

Parent and District Copy Sent: _____