

## **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 31<sup>st</sup> 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: \_\_\_\_\_