LINCOLNVIEW LOCAL SCHOOLS
OPEN ENROLLMENT APPLICATION 2023-2024 SCHOOL YEAR

Please complete all items.

Type of Application: ☐ New Application ☐ Renewal Today's Date: _____

Name of Student _____
(First) (Middle) (Last)

Social Security No: _____ Name of Parents/Guardian: _____

Date of Birth: _____ Place of Birth: __ _____ Mother's Maiden Name: _____

Parent Address: _____ Phone: _____

Parent E-mail address: _____

Gender: M ____ F____ Grade Level (2023-2024): _____Is the student of Hispanic/Latino heritage? Yes ____ No____

Ethnic Origin (Race):
White____ African American____Hispanic/Latino____Asian____Am.Indian____Pacific Island____Multi Racial____

Present School District of Residence: _____

School Building presently attended: _____

Is student enrolled in any special education or tutorial programs? _____

If yes, please explain _____

Has this student been suspended and/or expelled in the current or previous year(s)? NO _____ YES _____

_____ _____
Signature of Parent/Guardian Date

APPLICATION MUST BE RECEIVED NO LATER THAN MAY 31st
REQUESTS WILL BE ACTED UPON NO LATER THAN JULY 1ST.

For Lincolnview Central Office Use:

Received by: _____ Date _____ Time: _____

Approved _____ Rejected _____

Signature of Official: _____

Reason(s) _____

SSID#: _____