

Greenville City Schools Open Enrollment Application

Use this application when applying from OUTSIDE of Greenville City School District.

School Year Applying For: _____ - _____

Complete Student Information *(Please print)*

| | | |
|---------------------------|--|---|
| Student First Name: _____ | Middle: _____ | Student Last Name: _____ |
| Student Address: _____ | | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| City, State Zip: _____ | | Date of Birth: _____ / _____ / _____ <small style="text-align: center;">Month day year</small> |
| Phone: _____ | | |
| Parents/Guardian: _____ | | Birth Place City: _____ |
| Ethnicity: | <input type="checkbox"/> Caucasian(CA) <input type="checkbox"/> Black(BL) <input type="checkbox"/> Multi-Racial(MR) <input type="checkbox"/> Hispanic(SP) <input type="checkbox"/> Asian/Island Pacific(AS) <input type="checkbox"/> American Indian(IN) <input type="checkbox"/> Other _____ | |
| <u>Native Language:</u> | <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Japanese <input type="checkbox"/> Other _____ | |

Effective date (if new address) - _____

Complete School Information *(Please print)*

| | |
|--|--|
| Grade Entering: _____ | |
| School District of Residence: _____ | |
| School Last Attended or Presently Attending: _____ | |
| School of Request: _____ | |
| High School - List Specific Courses Desired: _____ | |
| Is the student enrolled in a special program? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes, please explain: _____ | |

Signature Parent/Guardian: _____ **Date:** _____

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

School of Request Recommendation:

| | | |
|------------------------------|-----------------------------------|---------------------------------|
| Date Received: _____ | <input type="checkbox"/> Approved | <input type="checkbox"/> Denied |
| Principal's Signature: _____ | | |
| Reason for Denial: _____ | | |

Superintendent's Recommendation:

| | | |
|--|---|---------------------------------|
| Date Received: _____ | <input type="checkbox"/> Approved | <input type="checkbox"/> Denied |
| Superintendent's Signature: _____ | | |
| Reason for Denial: _____ | | |
| Reason for requesting open enrollment: | <ul style="list-style-type: none"> <input type="radio"/> Moved to district <input type="radio"/> Open Enrollment <input type="radio"/> Following teaching parent <input type="radio"/> Foster/Court Placed <input type="radio"/> ED or MD Unit | |