

LINCOLNVIEW LOCAL SCHOOLS
OPEN ENROLLMENT APPLICATION 2020-2021 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 (2020-2021): _____ 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 _____

Signature of Parent/Guardian _____ Date _____

APPLICATION MUST BE RECEIVED NO LATER THAN MAY 29th.
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#: _____