



CLAYMONT CITY SCHOOL DISTRICT



INTERDISTRICT OPEN ENROLLMENT APPLICATION FOR 2023-2024 **APPLICATIONS MUST BE RENEWED AND APPROVED ANNUALLY**

Today's Date: _____ **Grade Level** - _____ for 2023-2024 School Year

I am the parent, custodial parent or guardian parent, and I wish to apply for open enrollment for:

Student's Full Name: _____ Male: _____ Female: _____

Student's DOB: _____ Birth City: _____

Student's current address: _____

City/State/Zip _____ Home/Cell Phone: _____

Check one - Student **living with**: _____ Parents _____ Mother _____ Father _____ Guardian

If parents are separated or divorced, who has legal custody? _____

Name of Parents/Guardian: _____

Address: _____

Student Siblings:

Name: _____ Grade _____ Name: _____ Grade _____

Name: _____ Grade _____ Name: _____ Grade _____

SCHOOL DISTRICT OF RESIDENCE: _____

(List the school district you reside in)

Please explain why you are requesting to attend Claymont City Schools:

I understand my child cannot legally attend Claymont City Schools unless he/she is enrolled in my residing school district. Is your child enrolled in your residing district? ___ Yes ___ No

Do you currently attend Claymont City Schools through open enrollment? ___ Yes ___ No

Current Grade and Building _____

Has the student been suspended or expelled for 10 or more consecutive days during the present school year? ___ Yes ___ No

Special Education classes/services (IEP) required? ___ Yes ___ No **504 Plan** ___ Yes ___ No

Parent/Guardian Signature _____ Date of Application: _____

May 12th is the cut-off date to have this form turned back into the office. **Requests will be considered during June of each year and parents will be notified after June 30th whether this application request has been approved. You must apply annually.**

~FOR OFFICE USE ONLY~

BUILDING PRINCIPAL: Approved _____ Denied _____ Signature: _____

Comment/Reason _____

Received by: _____ Time: _____ Date: _____