



CLAYMONT CITY SCHOOL DISTRICT



INTERDISTRICT OPEN ENROLLMENT APPLICATION FOR 2024-2025 **APPLICATIONS MUST BE RENEWED AND APPROVED ANNUALLY**

Please complete this form in its entirety. Then return it to the Administration Office/or building secretary for it to be reviewed.

Today's Date: _____ **Grade Level** - _____ for 2024-2025 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? _____
If approved legal custody papers will need to be provided.

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**

~ BACK OF FORM MUST BE COMPLETED BY RESIDENT DISTRICT REPRESENTATIVE FOR APPLICATION TO BE CONSIDERED ~

***Do you currently attend Claymont City Schools through open enrollment? ___Yes ___No**
If yes please answer next question in regards to the 2023-2024 school year.

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 15th 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.

CLAYMONT CITY SCHOOL DISTRICT

This area is to be completed by resident school district to comply with the open enrollment policy

The below signature certifies that the student listed below is enrolled in his/her resident district.

Student _____ Grade 24-25 SY _____

Student's Address _____

District Representative's Signature _____

District Representative's Title _____ Building _____

District _____ Date: ____/____/____



~ THIS SECTION FOR CLAYMONT CITY SCHOOL DISTRICT USE ONLY ~

Received by: _____ Time: _____ Date: ____/____/____

BUILDING PRINCIPAL:

Approved

Denied

Signature: _____ Date: ____/____/____

Comment/Reason _____
