

READING COMMUNITY CITY SCHOOLS
INTERDISTRICT OPEN ENROLLMENT APPLICATION

Date _____ Grade Level for 2010-11 School Year _____ Social Security# _____

Name of Student _____ Birth date _____

Parent/Guardian's Name _____ Phone Number _____

Cell Phone: _____

Address _____ City _____ Zip _____

School District Student Currently Attends _____ Building _____

School District of Residence _____ Building _____

Special Education Classes/Services Required YES NO Type of Program _____

School Requested (circle one)

K-5 6-8 7-12

Has this applicant been expelled or suspended from school YES NO

***HIGH SCHOOL STUDENTS ONLY – 2010-11 Grade Level _____**

*Number of high school credits anticipated at the end of the 2010-11 _____

*If for specific high school courses or special class, list desired classes:

Why do you want your child to attend Reading Schools: (you may use back of this form)

I certify that all information contained in this application is true and complete, and I understand that the falsification of any of the above information will void this application and/or the enrollment of my child in the Reading Community City Schools.

Signature of Parent/Guardian _____ **Date** _____

FOR OFFICE USE ONLY

Received by: _____

Title _____

Mandatory transition meeting between the Superintendent or designee and building principal.

Meeting Date: _____

Approved _____

Rejected _____

Reason(s) _____

Superintendent _____

Date & Time Rec'd