



School Year _____

NEWARK CITY SCHOOLS
Inter-District Open Enrollment Application

Please mark one: New Application ____ Renewal Application ____ (Applications must be submitted each school year)

Student Name _____ Grade Level _____

Date of Birth _____

School District of Residence _____

Custodial Parent/Guardian's Name _____ Phone _____

Physical Address _____
Street number and name City zip code

Mailing address if different from physical address _____

Name of school requested: _____

If for specific high school courses, list desired classes: _____ ; _____
_____ ; _____ ; _____ ;

Has your child been suspended or expelled for at least 10 consecutive days during the last school year while attending his/her home school district? (*yes or no*) _____

Were you enrolled in the Newark City Schools last year? Yes _____ No _____

Were you enrolled in any Special Education classes last year? (*yes or no*) _____. If yes, what is the disability condition and type of services needed? _____

Application Requested by August 15

Request will be acted upon no later than five (5) days prior to the opening day of the school year.

** Parental Signature*

*By signing the application, the Parent agrees that when his/her child is accepted in the Newark inter-district open enrollment plan, his/her child will abide by the Newark City Schools Code of Conduct listed in each building's Student Handbook.

(for office use only)

Received by: _____ Date _____ Time _____

Approved by: _____ Rejected by: _____

REASONS: _____