

C. _____ Does either parent work in the Southeast Community?

Company Name _____

Address _____

D. _____ Is parent a graduate of Southeast? Year _____

Please list any other students name and grade that will be applying for open enrollment.

DEADLINE TO APPLY FOR 2019 – 2020 - IS MAY 20, 2019

I UNDERSTAND THAT THE FALSIFICATION OF ANY OF THE ABOVE INFORMATION WILL VOID THE OPEN ENROLLMENT APPLICATION.

SIGNATURE

PARENT/GUARDIAN _____ **DATE** _____

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**** Office Use Only ****

Date & time submitted _____

District of Residence: _____

Attending School: _____

Principal's acknowledgement (initial) _____ *Date:* _____

Accepted ____ *Denied* _____

Director of Special Education _____ *Date:* _____

(only applicable if student is on an IEP)

Accepted ____ *Denied* _____

Superintendent's signature _____ *Date:* _____

Accepted ____ *Denied* _____