

## **Open Enrollment**

Open enrollment does not include pre-K programs or magnet schools. Students receiving Special Education services are only eligible if they receive prior permission from the Committee on Special Education (CSE). **Be sure to fill out one application per child.** 



Please enter the school year you are applying for at right. Be sure your answers regarding sibling information reflect the school year you are applying for.

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Contact information				
Stude	dent last name Student first name			Student ID
day/month/ year				
Date of birth Primary phone Email				
Street	address	Apt.#	City	State Zip code
Does your child receive Special Education services: 🔲 Yes 🔲 No 📗 English as a New Language (ENL) services: 🔲 Yes 🔲 No				
Please indicate at right which school your child <b>currently</b> attends (or last attended if applying during the summer)				
School choice request				
year y	indicate your first and second choices for schools. When the unit entered on the top of this form. For example, if you attember, an eighth-grade sibling currently at a middle school choice request  A sibling will already be enrolled here during the school year I entered at the top of this form  Sibling name	re completin	g your application in June for would no longer be there in the second school choice requ	open enrollment beginning he September.  Jest e enrolled here during the
Please briefly describe the reason for the requested transfer in the space below. If you are applying for open enrollment as a result of the changes to the middle school feeder pattern, please indicate that clearly by entering "changes to feeder pattern."				
Pare	ent/guardian signature			
Acceptance into a school through open enrollment policy is subject to the availability of space. Siblings of students in schools through open enrollment will be given preference. However, there are no guarantees. Students selected for open enrollment are not eligible for transportation if their legal address is less than 1.5 miles from the school. Please note that completing this application does not guarantee acceptance into the school of your choice.				
Parent	/guardian name (printed) Parent/g	guardian sigr	nature	Date



If you have any questions, please contact Telisa Cain at tcain@albany.kl2.ny.us or (518) 475-6130. Completed forms can be emailed to Ms. Cain, or mailed/delivered to: Pupil Personnel Services Office at 75 Watervliet Ave., Albany, NY 12206