



SCHOOL DISTRICT 54
Ensuring Student Success

524 East Schaumburg Road
Schaumburg, Illinois 60194
Phone 847/357-5141
FAX 847/357-5151
TTY 847/357-5076
<http://www.sd54.org>

Edward F. Rafferty
Superintendent of Schools

Nicholas J. Myers Ed.D.
Assistant Superintendent
Department of Student Learning

Blackwell School Open Enrollment Sign Language Program Application

Date Received: _____

Dear Parents,

This form serves as an **application for admittance** into Blackwell School's Open Enrollment Sign Language program. Please return this application to Blackwell School. If admitted to the Sign Language Program, your child will attend Blackwell School for the upcoming school year.

I am applying for the:

Sign Language Program at
Blackwell School

Student Name: _____ Gender: **M F**
(First) Middle (Last)

Date of Birth: (Month/Date/Year) _____

Address: _____

City: _____ State: _____ Zip _____

Telephone #: _____

Base (Neighborhood School): _____ Grade Next School Year: _____

If applying for Kindergarten - Session preferred: **AM or PM**

Parent(s) Name: _____

Primary Language Spoken by Student: _____

Reason for interest in Open Enrollment Program: _____

Other Siblings in the Open Enrollment Programs: _____

School: _____ Grade: _____

E-Mail Address (Optional): _____

March 1 - Application deadline for parents wishing to send their child to a District 54 open enrollment school