

Open Enrollment Application

RSA 194-D Open Enrollment Program

School Year: _____

Application Process

Requests for admission of non-resident students to the Pittsfield School District under RSA 194-D shall be submitted no later than May 15 of each year, unless a different deadline is established by the Pittsfield School Board.

Applications received by the established deadline shall be reviewed by the building principal, school counseling staff, and the Superintendent or designee. The review team shall evaluate applications based upon available capacity, educational programming, student records, and other factors permitted by law and Board policy.

Applications received after the established deadline shall be considered on a rolling basis, through the first quarter, and reviewed in the order received. Admission of late applicants shall be contingent upon available space and program capacity.

For the 2026–2027 school year only, applications for Open Enrollment shall be accepted beginning July 1, 2026. Applications shall be reviewed on a rolling basis, through the first quarter.

STUDENT INFORMATION

Student Name: _____ Date of Birth: _____

Current School: _____ Current Grade: _____

Current School District: _____ Grade Requested: _____

Home Address: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name(s): _____

Mailing Address (if different from above): _____

Primary Phone: _____ Secondary Phone: _____

Email Address: _____

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CURRENT SCHOOL CONTACT INFORMATION

Principal Name: _____

School Name: _____

Phone Number: _____

Email Address: _____

APPLICATION STATEMENT (student: grades 7-12 or parent: grades K-6)

Why would you like to attend the Pittsfield School District? (250 words or less)

Please attach a separate document describing:

- Why you would like/like your child to attend the Pittsfield School District?
- What educational opportunities, programs, activities, or supports interest you?
- How attending Pittsfield would support your/your child's educational goals? and
- How you would contribute positively to the school community?

Application Statement Attached

REQUIRED DOCUMENTATION

Please attach the following:

Most recent report card or transcript

Student Statement

AUTHORIZATION FOR RELEASE OF RECORDS

I authorize the Pittsfield School District to obtain and review educational records from the student's current or most recent school, including:

Academic Records

Attendance Records

Discipline Records

Other educational records relevant to enrollment and placement

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I further authorize the Pittsfield School District to communicate with the student's current or previous school regarding educational programming, attendance, discipline, and placement information necessary to evaluate this application.

Parent/Guardian Signature: _____ **Date:** _____

PARENT/GUARDIAN ACKNOWLEDGEMENTS

I understand and acknowledge the following:

- Admission under RSA 194-D Open Enrollment is contingent upon available space and School Board-approved capacity limits.
- Resident Pittsfield students shall receive enrollment priority.
- Submission of an application does not guarantee admission.
- Transportation is the responsibility of the parent/guardian unless otherwise required by law.
- Applications may be placed on a waitlist if requests exceed available capacity.
- Acceptance is valid only for the approved school year.
- The Pittsfield School District may obtain and review educational, attendance, and discipline records as part of the admissions review process.
- Admission decisions shall be made in accordance with School Board policy, administrative procedures, and RSA 194-D.

CERTIFICATION

I certify that the information provided in this application is true and complete to the best of my knowledge.

Parent/Guardian Signature: _____ **Date:** _____

Printed Name: _____

Student Signature (Grades 7–12): _____ **Date:** _____

Printed Name: _____

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DISTRICT USE ONLY

Printed Student Name: _____ Grade Requested: ____ Year ____

Date Application Received: _____

Application Complete:

Yes No

Grade Requested: _____

Available Seat:

Yes No

Administrative Review Team:

Principal

School Counselor

Superintendent

Decision:

Accepted

Waitlisted

Denied

Date of Decision: _____

Comments:

Superintendent Signature: _____

Date: _____