2022-2023

SWITZERLAND OF OHIO LOCAL SCHOOL DISTRICT

INTERDISTRICT OPEN ENROLLMENT APPLICATION **(Must fill out each year)**

(FOR STUDENTS COMING INTO THE DISTRICT FROM ANOTHER DISTRICT)

STUDENT LEGAL NAME _____ APPLICATION DATE _____

(First/Middle/Last)

DATE OF BIRTH _____ PLACE OF BIRTH _____

City/State/Zip

RACE – check one: ☐ White ☐ Black/African American

☐ American Indian/Alaska Native ☐ Native Hawaiian/Pacific Islander

PARENT/GUARDIAN 1: NAME **(First/Middle/Last)** _____

RELATIONSHIP TO STUDENT _____ MOTHER'S MAIDEN NAME (If applicable) _____

PARENT/GUARDIAN 2: NAME **(First/Middle/Last)** _____

RELATIONSHIP TO STUDENT _____ MOTHER'S MAIDEN NAME (If applicable) _____

STUDENT'S RESIDES WITH: ☐ PARENT/GUARDIAN 1 ☐ PARENT/GUARDIAN 2 ☐ BOTH

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ COUNTY _____

HOME PHONE _____ WORK PHONE _____

NAME OF CURRENT SCHOOL/DISTRICT OF RESIDENCE _____

GRADE LEVEL OF STUDENT: FOR THE **2022-2023** SCHOOL YEAR _____

NAME OF SCHOOL OR SCHOOLS REQUESTED FOR UPCOMING SCHOOL YEAR _____

IF ENROLLING FOR SPECIFIC HIGH SCHOOL COURSES OR SPECIAL EDUCATION CLASSES, PLEASE LIST:

_____

IS STUDENT ENROLLED IN ANY SPECIAL EDUCATION OR TUTORIAL PROGRAMS? _____

PLEASE SPECIFY CURRENT IEP DISABILITY CONDITION _____

TRANSPORTATION IS NOT GUARANTEED FOR STUDENTS ACCEPTED UNDER INTERDISTRICT OPEN ENROLLMENT. ARE YOU ABLE TO PROVIDE TRANSPORTATION IF THE DISTRICT CANNOT TRANSPORT YOUR CHILD TO THE REQUESTED SCHOOL?
_____YES _____NO

HAS THE STUDENT BEEN SUSPENDED OR EXPELLED FROM SCHOOL FOR TEN (10) OR MORE CONSECUTIVE DAYS THIS PRESENT SCHOOL YEAR _____YES _____NO

I HAVE READ AND I UNDERSTAND THIS POLICY, AND MY SIGNATURE AUTHORIZES THE DISTRICT TO RECEIVE AND REVIEW THE STUDENT'S RECORDS. FALSE INFORMATION ON THIS APPLICATION MAY BE GROUNDS FOR DENIAL OF PARTICIPATION.

PARENT/GUARDIAN SIGNATURE _____

APPLICATIONS MUST BE RECEIVED BY THE SUPERINTENDENT'S OFFICE NO LATER THAN **MAY 2, 2022** FOR CONSIDERATION FOR THE FOLLOWING SCHOOL YEAR. REQUESTS WILL BE ACTED UPON BY **JUNE 15, 2022** AND PARENTS WILL BE NOTIFIED BY MAIL.

PLEASE ATTACH COPY OF BIRTH CERTIFICATE.

_____

(FOR OFFICE USE ONLY)

Date Received _____ **Time Received** _____ **Received by** _____ **DATE EFFECTIVE** _____

Approved by _____ **Rejected by** _____

Reason _____

Parent Notification: Date _____

PRINCIPAL ___SBEA, ___SBHS, ___SHAN/RES, ___ SHVS ___, SMCH ___, SPOW, ___ SRVH, ___SSKY, ___ SWOO

No student shall be denied admission to the Switzerland of Ohio Local School District or to a particular course of instructional program or otherwise discriminated against for reason of race, color, national origin, sex, handicap, or any other basis of unlawful discrimination.

SCHOOL DISTRICT OF RESIDENCE _____ **COPY SENT:** _____

EMIS COORDINATOR _____ **REC'D ON:** _____