

# Buckeye Central Local Schools

Open-Enrollment Application (Interdistrict)

School Year 2019-2020

## Instructions:

1. One application is to be completed for each child to be considered for enrollment.
2. Applications for inter-district open enrollment are approved for one school year only.
3. Deadline for applications is **March 31** of each calendar year.
4. All applications must be returned to the district Administrative Office (Superintendent) at 938 S. Kibler Street, New Washington, Ohio 44854.
5. All applications must verify proof of residency.
6. **A student who has been suspended or expelled for ten (10) or more days in this current semester, or in the previous semester, is not eligible for consideration for Inter-district Transfer. Please review the guidelines on the back of this form.**

## STUDENT INFORMATION

Legal Last Name \_\_\_\_\_ Legal First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Birth City \_\_\_\_\_ SS# \_\_\_\_\_

Ethnicity: Circle One Hispanic/Latino Asian Black/African American  
American Indian/Alaskan Native Native Hawaiian/Other Pacific Islander White

Gender: Circle One Male Female

Current School Attending \_\_\_\_\_ District of Residence \_\_\_\_\_

Please indicate if the student is presently receiving any of the following special services:

\_\_\_\_\_ Chapter 1 Remedial Services \_\_\_\_\_ Learning Disability Class \_\_\_\_\_ Developmental Disability Class  
\_\_\_\_\_ Gifted \_\_\_\_\_ Speech Therapy \_\_\_\_\_ Severe Behavior Disability Class  
\_\_\_\_\_ Multiple Disability Class \_\_\_\_\_ 504 Plan \_\_\_\_\_ English as Second Language  
\_\_\_\_\_ Other (Health, Hearing, Visual, etc...)

Grade Level 2018-2019 Year \_\_\_\_\_ Anticipated Grade Level for 2019-2020 Year \_\_\_\_\_

## PARENT INFORMATION

Parent(s) Name \_\_\_\_\_ Address (if different from student) \_\_\_\_\_

Student is living with: Check One \_\_\_\_\_ Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father

Custodial Parent (if applicable) \_\_\_\_\_ District of Residence \_\_\_\_\_

Is this child in your home through foster or court placement? \_\_\_\_\_ No \_\_\_\_\_ Yes – please provide the most recent certified copy of the court order granting custody.

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Reason for Open Enrollment request \_\_\_\_\_

Signature of Custodial Parent(s) \_\_\_\_\_

**Office Use:** Received by \_\_\_\_\_ Date Stamp \_\_\_\_\_

Official Signature \_\_\_\_\_ Approved \_\_\_\_\_ Not Approved

Comment/Reason(s) \_\_\_\_\_