

2024-2025

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 _____

DATE OF BIRTH _____ PLACE OF BIRTH _____
(First/Middle/Last) 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 _____ CELL PHONE _____ WORK PHONE _____

NAME OF CURRENT SCHOOL/DISTRICT OF RESIDENCE _____

GRADE LEVEL OF STUDENT: FOR THE 2024-2025 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 1, 2024 FOR CONSIDERATION FOR THE FOLLOWING SCHOOL YEAR. No transfers will be granted after this date until the next open enrollment period unless approved by the Superintendent. REQUESTS WILL BE ACTED UPON BY **JUNE 14, 2024** 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, __SW00

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: _____