

**CIRCLEVILLE CITY SCHOOLS
INTERDISTRICT OPEN ENROLLMENT APPLICATION**

Application Date _____ Requested for School Year _____

Open Enrollment Student Last Year? Yes ___ No ___ Grade Level for year requested _____

Student's Name: _____ Student's Date of Birth: _____

Parent(s)/Legal Guardian(s): _____

Status of biological parents: ___ Married ___ Divorced ___ Separated ___ Widowed ___ Never Married

Address: _____

2 PROOFS OF RESIDENCY REQUIRED

Telephone (Home): _____ Cell: _____ Work: _____

In what school district do you reside? _____ School District

What school does your child attend: _____

List special education services needed* _____

If grade level request is 9-12, list the high school courses requested (open enrollment transfer acceptance does **NOT** guarantee that every course requested will be available): _____

Has the student been suspended or expelled from school for ten or more consecutive school days the previous school year? Yes ___ No ___

- **Misinformation on this application will void consideration.**
- **A separate application must be submitted for each student.**

I have read, reviewed, and accept the Circleville City School District Interdistrict Open Enrollment policies and guidelines.

Parent/Guardian Signature

Date

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

For Office Use Only

Received by _____ Date _____ Time _____

Circle One: Approved Denied

Reason(s) for denial: _____

Signature of School Official: _____ Date: _____

