

Placed \_\_\_\_\_

**ASHLAND CITY SCHOOLS**

**2018/2019 INTERDISTRICT OPEN ENROLLMENT APPLICATION**

**\*\* ALL STUDENTS MUST ENROLL IN THEIR RESIDENT DISTRICTS TO PARTICIPATE IN THIS PROGRAM \*\***

School district of residence \_\_\_\_\_ Date of enrollment in resident district \_\_\_\_\_

Student Name \_\_\_\_\_  
FIRST MIDDLE LAST

Address \_\_\_\_\_ Grade for 18/19 \_\_\_\_\_  
Street City Zip

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_\_ Race \_\_\_\_\_ Phone \_\_\_\_\_

Birthplace \_\_\_\_\_  
As it appears on birth certificate

Student's **current** district and building of attendance \_\_\_\_\_

Does the student have an IEP for special education? \_\_\_\_\_ What services are received? \_\_\_\_\_

Please list any special needs: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

Total number of days suspended or expelled this semester \_\_\_\_\_ Last semester \_\_\_\_\_

**HIGH SCHOOL & MIDDLE SCHOOL students should list desired classes or vocational programs, K-3 students should list the preferred building:**

\_\_\_\_\_

**Reasons for choosing Ashland City Schools:**

\_\_\_\_\_

**Please attach a copy of the student's birth certificate, immunization record, official transcript or grade card, and proof of residency (utility bill, rental or purchase agreement). A current IEP or parental custody papers must also be included if applicable. This application will not be processed without the appropriate documents. If your child attended Ashland schools last year, you do not need to provide these documents again. Please check "Already on File". Requests will be acted upon not later than June 15th.**

The required documents are: Attached \_\_\_\_\_ Already on File \_\_\_\_\_

**This application must be SUBMITTED BY MAIL AND POSTMARKED BETWEEN APRIL 1, 2018 AND MAY 1, 2018. APPLICATIONS POSTMARKED AFTER MAY 1<sup>ST</sup> WILL NOT BE ACCEPTED. Please mail to:**

**Open Enrollment Office, Ashland City Schools, P.O. Box 160, Ashland, OH 44805**

I have read the guidelines of the interdistrict open enrollment plan and agree to abide by the procedures and policies that have been established.

\_\_\_\_\_  
Signature of Parent/Guardian Date

Office use only

SSID # \_\_\_\_\_ Effective Date \_\_\_\_\_