Placed		

ASHLAND CITY SCHOOLS

2019/2020 INTERDISTRICT OPEN ENROLLMENT APPLICATION

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

School district of residenceDate of enrollment in resident district			
Student Neme			
Student Name	FIRST	MIDDLE	LAST
			Grade for 19/20
Street		City	Zip
Birthdate//	Gender Race	Phone	
Birthplace			
	As	it appears on birth certificate	
Student's current district and	l building of attendance		
Does the student have an IEP	for special education?	What services are re	eceived?
Please list any special needs:			
Parent/Guardian		Relation	nship
Total number of days suspend	ded or expelled this semes	terLas	t semester
HIGH SCHOOL & MIDDI preferred building:	E SCHOOL students sho	ould list desired classes or vo	ocational programs, K-3 students should list the
Reasons for choosing Ashla	nd City Schools:		
residency (utility bill, renta applicable. This application last year, you do not need to later than June 15th.	al or purchase agreemen n will not be processed wit o provide these document	nt). A current IEP or pare thout the appropriate docum ts again. Please check "Alr	official transcript or grade card, and proof of ental custody papers must also be included if nents. If your child attended Ashland schools eady on File". Requests will be acted upon not
The required documents	are: Attached	Already on File	
This application must be S APPLICATIONS POSTMA	SUBMITTED <u>BY MAIL</u> ARKED AFTER MAY 1 ^S	AND POSTMARKED BE WILL NOT BE ACCEPT	TWEEN APRIL 1, 2019 AND MAY 1, 2019. TED. Please mail to:
Open Enr	collment Office, Ashlar	nd City Schools, P.O. Box	160, Ashland, OH 44805
I have read the guidelines of established.	the interdistrict open enro	ollment plan and agree to abi	de by the procedures and policies that have been
	of Parent/Guardian		Date
Office use only			
SSID #	Effe	ective Date	