

Rank \_\_\_\_\_

**ASHLAND CITY SCHOOLS**

**2021/2022 INTRADISTRICT OPEN ENROLLMENT APPLICATION**  
**(All questions must be answered for this application to be processed)**

Student's Name \_\_\_\_\_ Grade for 21/22 School Year \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Student's Building of Attendance in 20/21 \_\_\_\_\_ Student's Home School \_\_\_\_\_

Does the student have an IEP for special education? \_\_\_\_\_ What Program? \_\_\_\_\_

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

Please list your building choice and summarize the reason you are requesting Open Enrollment:

\_\_\_\_\_  
\_\_\_\_\_

Transportation is **NEITHER REQUIRED NOR GUARANTEED** for students accepted for intradistrict open enrollment. Are you willing and able to provide transportation if the district cannot provide transportation on a normal bus route schedule?  
\_\_\_\_\_Yes \_\_\_\_\_No

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

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

\_\_\_\_\_  
Date

**THIS APPLICATION MUST BE SUBMITTED BY MAIL AND POSTMARKED BETWEEN APRIL 1, 2021 AND MAY 1, 2021. APPLICATIONS POSTMARKED AFTER MAY 1<sup>ST</sup> WILL NOT BE ACCEPTED.**

**Please mail to:**

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

**Requests will be acted upon not later than June 15th.**