KENTON CITY SCHOOLS INTERDISTRICT OPEN ENROLLMENT APPLICATION

For School Year: <u>2016-2017</u>
The transfer of a student into the Kenton City School District shall be in accordance with the attached Interdistrict Open Enrollment

Sibling of Last Yo	ear Open Enrollment Student	Former Kenton Re	sident Student		
Today's Date	Student City of Birth	Stud	Student's Date of Birth		
. Student's Name:					
. Student's SS#	(Last) Parent/Guardia	(First) an Name		(Middle)	
. Address		(61)	(0)		
Home Phone		(City) Work Phone	(State)	` • '	
District of RESIDE	NCE	County	1 00 1		
District of CURRE	NT ENROLLMENT		vel of Student- School Year		
	n: (Please check appropriate space) Asian Black Hispan	nic Multiracial	White Othe	r	
Has the student bee School year?	n suspended or expelled for 10 conse YES NO		y one time during	the current	
Does the student's e	educational program include an Indiv	idualized Educational Plan	n (IEP)? YES _	NO	
ignature of RESIDE	NT DISTRICT Superintendent:				
Resident Supt. signa chools.)	ature is only required when applyin		gnature) AR of Open Enro	ollment to Kenton Ci	
have read the accom	panying Interdistrict Open Enrollmen	nt Policy and agree to the t	terms and condition	ons stated.	
ignature of Parent/G	uardian				
		(Signature)			
RETURN TO:	Superintendent's Office KENTON CITY SCHOOLS 222 W. Carrol St. Kenton, OH 43326	Di	EADLINE: A	ugust 1st	
	(For G	Office Use Only)			
Received by:	D	ate: ejected by:	_ Tim	e:	
	-				
- (-).					
	District	Effection Det	1 1	 	
opy sem to Resident	District:/	Effective Date	/	- Revised	