

KENTON CITY SCHOOLS
INTERDISTRICT OPEN ENROLLMENT APPLICATION

For School Year: **2017-2018**

Today's date _____

New Applicant

Last Year Open Enrollment Student

Former Kenton Resident Status

Sibling of Last Year Open Enrollment Student

Student's Name: _____

Last

First

Middle

Student City/State of Birth: _____ Student Date of Birth: _____

Student SS#: _____ Male Female Mother's Maiden Name: _____

Parent/Guardian Name: _____ Email: _____

Address: _____

House Number/Street

City

Zip

Home/Cell Phone #: _____ Work Phone #: _____

District of Legal Residence: _____ County: _____

District of Current Enrollment: _____ Grade Level for 17-18 School Year: _____

Ethnic Composition (Please check appropriate space):

American Indian Asian Black Hispanic Multiracial White Other

Has the student been suspended/expelled for 10 consecutive days or more at any one time during the current school year?

Yes No If yes, please explain: _____

Does the student's educational program include an Individualized Education Plan (IEP) or 504 Plan? Yes No

Signature of RESIDENT DISTRICT Superintendent: _____

(Resident Superintendent signature is only required when applying for the FIRST FULL YEAR of Open Enrollment to Kenton City Schools)

By signing this application, I have read the Interdistrict Open Enrollment Policy and agree to the terms and conditions stated. Any falsification of information provided will result in denial of open enrollment.

Signature of Parent/Guardian: _____

Return to: Kenton City Schools, Superintendent's Office, 222 W. Carrol St., Kenton, OH 43326

DEADLINE TO APPLY IS JUNE 1, 2017.

FOR OFFICE USE ONLY

Received by: _____ Date/Time: _____

Approved by: _____ Rejected by: _____

Reason(s): _____

Date Copy sent to Resident District: _____ Effective Date: _____ SSID#: _____

Revised 1/2017