

**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.**

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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