Greenon District

Greenon Local School District

(IRN: 046235) 500 Enon-Xenia Road Enon, Ohio 45323 (937) 864-1202

2018-19 OPEN ENROLLMENT APPLICATION

DIRECTIONS:

- Read policies and guidelines regarding open enrollment.
- Fill out all information completely and accurately.
- Missing or inaccurate data may lead to errors in processing your application and may lead to denial of your application.
- Deliberately providing false information may be grounds for denial.

If you need assistance in completing this form or accessing any services at or in the Greenon Local School District, contact the Board Office.

Completed form must be submitted to the **Greenon Local Board Office**.

To be completed by the parent or legal guardian (or the student if age 18 or older). The form must be physically received at the <u>Greenon Local Schools Board of Education</u> no earlier than 7:30 a.m. April 2, 2018, and no later than 4:00 p.m. on April 30, 2018. A postmark does not meet this requirement. Applications are accepted on a first come first served basis; see policies and guidelines.

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Student's Name (First, Middle and Last as it appears on Birth Certificate)			Birth date	Gender	Home Phone	
Address			City		Zip Code	
Native Language Birth City (from birth certificate)			Preferred phone number to be reached at:			
			·			
RACE / ETHNICITY: The information below is required to be submitted to the Ohio Department of Education and/or the US Department of Education. Failure to provide this information will require the district to use observer identification.						
ETHNICITY:		Stude	nt is from Hispanic/Lat	ino heritage?	YES / NO	
Asian Black Pacific Islander White		(Hispanic/Latino means a person of Cuban, Mexican, Puerto Rican, south or				
Alaskan Native/American Indian Multiracial*		Central American or other Spanish culture or origin, regardless of race).				
*If student is Multiracial to the, please indicate the appropriate multiple ethnicities.						
SCHOOL DISTRICT OF RESIDENCE Wh		What	What grade level will the student be in for the			
		2018-19 school year?				
Davison For Davison						
REASON FOR REQUEST						
☐ Yes Currently attending GLSD via Open Enrollment?						
□ No						
☐ Yes Has the student been suspended more than ten days or expelled at any time during the 2017-18						
☐ No school year or are any disciplinary proceedings pending that could lead to suspension or expulsion?						
☐ Yes Are siblings of the student currently attending Greenon Local School District?						
□ No Name(s)						
Are siblings of the student also applying at this time? ☐ Yes ☐ No						
☐ Yes Does the student receive special education?						
☐ No *If yes, does the student have a current individualized education program (IEP)? ☐ Yes ☐ No						
☐ Yes Has the child been referred for a special education evaluation that has not yet been completed?						
□ No						
PARENT/GUARDIAN SIGNATURE AND INFORMATION RELEASE						
All information is complete and correct. I am the child's custodial parent or legal guardian or I am the student age 18 or older. I grant permission for the nonresident school district to request from the school my child attends, information about whether my child has been referred for special education and information about my child's special education program, including a copy of the individualized education program (IEP). Information regarding my childs attendance and or discipline may also be released. I understand that my resident district will be provided with demographic information required by the Ohio Department of Education.						
5 () <u> </u>			Parent/Guardian Name (s) (PRINT)			
>					DATE:	
Approved Denied - Reason for denial:			SSID #:	Student I	D:	
Signature of school administra	tor Date:	F	Effective Date::	Notes:		
g	Suic.			1.5.00.		
Received by	Time & Date:	-	NEW	RENEWAL		

PARENT AGREEMENT INTER-DISTRICT OF INTRA-DISTRICT OPEN ENROLLMENT

If we are informed that our child is to be enrolled in the school we have selected in the Greenon Local School District we agree to the following conditions:

- Our child may not be admitted or may need to be transferred back to his/her home school at the end of the school year, if the maximum number of enrollments in the classroom or program s/he is attending become filled by resident students of Greenon Local School District or by tuition students.
- 2. I understand that my child must maintain acceptable discipline and attendance records as outlined in the Greenon Local Schools Handbook in order to be considered for readmission through open enrollment.
- 3. If our child should require special education services or a reasonable accommodation for a Section 504 disability, s/he may be transferred back to a school in his/her resident district or to a school in that district that currently provides such services or can make the accommodation, if the school s/he is attending is not providing the services or cannot make the reasonable accommodation.
- 4. We shall provide the transportation for our child either to the school s/he will be attending or to a current school bus stop within the Greenon Local School District. Intra-district transportation may be arranged at a current bus stop with in the boundaries of the elementary building of attendance.
- 5. OHSAA Athletic eligibility guidelines will be in effect for a student in grades 7-12. Any enrolled, adjacent-district students who are eligible to participate in inter-scholastic athletics and have been released by their home districts are to be informed they could lose their eligibility for an entire year if or when they return to the home district. Students and parents are urged to become aware of and consider these athletic guidelines before making application for Inter-district Open Enrollment.

NAME OF STUDENT		
PARENT(s) SIGNATURE	DATE	

IF MY CHILD IS DENIED OPEN ENROLLMENT, THIS AGREEMENT WILL BECOME VOID.

As previously stated, missing or inaccurate data may lead to errors in processing your application and could lead to denial of your application. Deliberately providing false information may be grounds for denial.