

**NELSONVILLE-YORK CITY SCHOOLS
TWO BUCKEYE DRIVE
NELSONVILLE, OH 45764**

Request for Interdistrict Open Enrollment Transfer

Nelsonville-York Board of Education Policy requires that this application be completed for each student choosing an open enrollment option. This completed application must be returned to the Superintendent of Instruction. Determination for approval by the Superintendent of Schools or designee may involve an investigation for verification of facts.

Student Name _____ Birth Date _____
(Last) (First) (M.I.)

Grade Requested for 2018-2019 _____

School District of Residence: (must be completed) _____

Is student enrolled in any special education or tutorial program? ___ Yes ___ No

Was student granted open enrollment for the 2017-2018 school year? ___ Yes ___ No

Parent/Guardian Name _____

Parent Address _____

Parent City/Zip _____

Phone #: Home _____ Work _____

Parent/Guardian signature is required to complete this application. Parent/Guardian understands that approval is contingent upon the transfer not creating another section for the grade level involved.

A separate request must be filled out for each student.

All requests must be reviewed annually.

Parent/Guardian Signature _____

Date of Application _____

**Return completed form to:
Completed form must be returned by March 19, 2018**

**Mr. Charles (Mick) McClelland, Superintendent
Nelsonville-York City Schools
Two Buckeye Drive, Nelsonville, OH 45764**

(For Office Use Only)

STUDENT ASSIGNMENT

High School 753-4441

Junior High 753-4441

Elementary 753-4441

Received by: _____

Date Received: _____

___ Approved ___ Rejected

Signature of Official _____

Signature of Superintendent _____

Date _____

NY-OE-05 (application)