

**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 2011-2012** \_\_\_\_\_

**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 2010-2011 school year?      \_\_\_ Yes      \_\_\_ No

Parent/Guardian Name \_\_\_\_\_

Parent Address \_\_\_\_\_

Parent City/Zip \_\_\_\_\_

Phone #s: 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 April 22, 2011**

**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)