



**NELSONVILLE-YORK CITY SCHOOLS
INTERDISTRICT OPEN ENROLLMENT APPLICATION
2020-2021**

Student Name: _____

Student Birth Date: _____

Parent/Guardian Name: _____

Address: _____

E-mail Address: _____

Phone: _____ (home) _____ (work) _____ (cell)

School District of Residence: _____ School Building Presently Attending: _____

Grade Level Requested for **2020-2021** school year: [PS] [K] [1] [2] [3] [4] [5] [6] [7] [8] [9] [10] [11] [12]

Was student granted open enrollment for the 2019-2020 school year? [yes] [no]

Does the Student have an Individualized Education Plan? [yes] [no]

Does the Student have a 504 Plan? [yes] [no]

Has the Student been absent or tardy from school more than 10 days during this semester or the previous semester? [yes] [no]

Has the Student been suspended or expelled for 10 or more consecutive days during this or the previous semester? [yes] [no]

Has the Student scored "Basic" or "Limited" on any required state assessments? [yes] [no]

If yes to any of the above questions, please explain: _____

Please list school age siblings: _____

My signature indicates that I have read the stipulations of the open enrollment plan (**provided on school website**) and agree to abide by the procedures and policies that have been established by the Nelsonville-York City Schools. I further understand that falsification of any of the above information may result in voiding of this application. Upon approval of the application, I accept the transfer of my child to Nelsonville-York City Schools. If my child is not currently attending Nelsonville-York, I will complete the enrollment process.

Parent Signature

Date

*****Important Information and Instructions*****

1. One form is to be completed for each child to be enrolled.
2. Returning Open Enrolled students (not new applicants) must return this form by March 16,2020
3. A notice will be mailed to parents from the superintendent indicating approval or denial.
4. All requests shall be returned to Nelsonville-York City Schools, 2 Buckeye Drive, Nelsonville, Ohio 45764

*****For Office Use Only Below This Line*****

Received by: _____ Date: _____ Time: _____

[] Approved: Rejected: [] Reason(s): _____

Superintendent's Signature: _____