

Ironton City Schools

Interdistrict Open Enrollment Application

_____ - _____ School Year

Any application for Open Enrollment **should be submitted to the Superintendent's office between April 1st and May 1st**. Applications will be acted upon by June 15th. Parents must indicate acceptance of transfer on or before June 30th. One application must be submitted for each student who requests an inter-district transfer.

All approved transfers are in effect for one year. Transfers for subsequent years must be requested by reapplying. Boards of Education may elect to discontinue participation in open enrollment at the end of any school year.

Applicants shall be considered on a first-come, first-served, basis with an assurance that resident students will not be displaced. Prior participants will be given preference for subsequent years.

Date: _____ Student's Social Security Number: _____

Name of Student: _____
(Last) (First) (Middle)

Parent Name: _____ Phone: _____
(Please Print)

Signature: _____

Address: _____
(Street) (City) (State) (Zip)

County of Residence: _____ Present School District of Residence: _____

School Building Presently Attending: _____

Grade Level of Student for Upcoming School Year: _____

Is this student Hispanic or Latino? **(Circle One)** Yes No

What is the student's race? **(Circle All That Apply – But At Least One)**

White Black Asian Amer. Indian/Alaskan Native Native Hawaiian/Pacific Islander

Is student enrolled in any Special Education or Tutorial programs, or has been evaluated or referred to Special Education?

_____ If yes, please explain: _____

Has the student been suspended or expelled during this semester or the previous semester? _____

If yes, please explain: _____

(For Office Use Only)

Received by: _____ Date: _____ Time: _____

Approved: _____ Denied: _____ Pending: _____

Signature of Official: _____

Reasons for denial/pending conditions:
