Ironton City Schools
Interdistrict Open Enrollment Application
_____ - _____School Year

Any application for Open Enrollment **must 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:_____
_____