



Centerburg Local Schools

INTER-DISTRICT OPEN ENROLLMENT APPLICATION

FOR THE _____ SCHOOL YEAR

FOR OFFICE USE ONLY	
<input type="checkbox"/> Postmark	<input type="checkbox"/> In Person
<input type="checkbox"/> Fax	
Date Received _____	
Time Received _____	
Received By _____	

Submit form to the Superintendent's Office
119 South Preston Street, Centerburg, OH 43011
Phone - 740-625-6346 • Fax 740-625-9939

A NEW APPLICATION MUST BE COMPLETED EVERY SCHOOL YEAR

_____ Initial Request
_____ Renewal Request (Student currently attending this school under approved tuition or Open Enrollment)

Student Name _____ Date of Birth _____ Male ___ Female ___

Parent/Guardian _____ Custody Papers? ___no ___yes (please provide at enrollment)

Mother's Maiden Name _____ Student's City of Birth _____

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

Phone: _____
(Home) (Work) (Cell)

Desired Grade Level _____ District of Residence _____

- | | |
|--|------------|
| | Circle one |
| • Will any siblings be applying for open enrollment or tuition? | Yes or No |
| • Has this student been suspended or expelled from a school? | Yes or No |
| • Is this student currently registered in their district of residence school? | Yes or No |
| • Does this student have an IEP for special education? | Yes or No |
| • If yes, check the special education class in which the student is currently enrolled and attach a copy of the IEP: | |
| _____ Specific Learning Disability _____ Developmentally Handicapped _____ Multi-handicapped | |
| _____ Severe Behavior Handicapped _____ Orthopedically Handicapped _____ Visually handicapped | |
| _____ Hearing Handicapped | |

Check the special education service the student is currently receiving:
_____ OT, PT _____ Speech Language Hearing Therapy
_____ Other services, please list: _____

Does student identify as Hispanic or Latino? ___yes ___no
Please check the race with which the student identifies: More than one may be checked
_____ American Indian or Alaska Native _____ Asian _____ Black or African American _____ Native Hawaiian or Pacific Islander _____ White

The foregoing information is true and accurate. False or inaccurate information will void this application.
My signature further indicates that I have read the Open Enrollment Guidelines provided to me with this application.

Signature of Parent/Guardian _____ Date _____

FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SECTION
PARENT NOTIFICATION

_____ Approved Assigned to _____ Grade at Centerburg Elementary or Middle/High School
_____ Not approved Reason: _____ Class enrollment exceeds established capacity
_____ Racial balance must be maintained
_____ Student's name placed on waiting list
_____ Other _____

Signature of School Official _____ Date _____

*No student shall be denied admission to the Centerburg Local School District or to a particular course or instructional program or otherwise discriminated against for reasons of race, color, national origin, sex, handicap or any other basis of unlawful discrimination.
Please direct questions regarding open enrollment to Mike Hebenal, Superintendent of Centerburg Local Schools.
Centerburg Local Board of Education Policy 5113 - Revised 2/13/12*