



2016-2017 INTER-District Open Enrollment Application

Please print A separate application is required for each student Date _____
Last Name _____ First Name _____ Middle Name _____ Sex: **M** **F**
Address _____ City _____
Birthdate ____/____/____ Birth City _____ SS# _____

Ethnicity: Hispanic/Latino **Y** **N** **Check all that apply :** ___White ___Asian
___Black/African American ___Native Hawaiian /Pacific Islander ___American Indian/Alaskan Native

Name of Legal Guardian _____ Employed by CCSD? **Y** **N** Position _____
Phone # Home _____ Work _____ Mother's Maiden Name _____

Check (✓) name of school district where parent/legal guardian lives.

___ Adena ___Huntington ___Paint Valley Other :
___ Southeastern ___Unioto ___ Zane Trace _____

Names of other school districts attended _____

Name of school building student is currently attending or last attended _____

Grade level student will be in during the 2016-2017 school year. _____

Check (✓) name of school building requesting student to attend for 2016-2017.

___ Allen ___Mount Logan Elementary ___Tiffin ___Worthington
___ Chillicothe Preschool ___ Chillicothe Middle School ___ Chillicothe High School.

Is student receiving Special Education services? **Y** **N**. (If new, please attach a copy of the current IEP)

Was student suspended or expelled this or previous term? **Y** **N** (Number of days?) _____

Name of brother/sister already attending the **same building** requested? _____

Why did you choose Chillicothe? _____

I certify, by my signature, that the information presented above is accurate. I understand that actions taken by the Chillicothe City School system may be changed, if it is found that any of this information is inaccurate, misleading, or incomplete. I agree to commit to my child attending for the entire school year & providing daily transportation for my child to attend his/her approved open enrollment school.

Signature of student's Parent/Legal Guardian _____

Applications will be accepted at any time. For the May School board lottery drawing, mailed applications must be postmarked no later than May 1, 2016 or delivered applications must be received by 4:00 PM on May 1, 2016. Mail or bring this form to: Open Enrollment Coordinator 405 Yoctangee Parkway, Chillicothe, Ohio 45601. Fax to (740) 779-5371. Call (740) 775-4250 ext. 16121 for further information.

(This section for school personnel use only)

___ Re-application (Child was an O.E. student here **all** last year)
___ New application (First time request or 1st full year for O.E.)
___ Complete school year.

Building Principal's Recommendation is: ___ Approve ___ Deny ___ Hold
Reason, if applicable _____ Principal's Initials _____

___ Approved ___ Denied ___ Hold District Coordinator's Initials _____

___ Letter sent to inform parents. Student entered in excel data base _____

Resident District IRN Number _____