



**2016-2017 INTRA-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 city school area where parent/legal guardian lives.**  
\_\_\_\_\_ Allen \_\_\_\_\_ Mount Logan Elementary \_\_\_\_\_ Tiffin \_\_\_\_\_ Worthington

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

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 this building** \_\_\_\_\_

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 1<sup>st</sup> 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 \_\_\_\_\_