

2012-2013 BARBERTON CITY SCHOOLS
INTER-DISTRICT (OUT OF DISTRICT) OPEN ENROLLMENT APPLICATION

STUDENT INFORMATION (ONE FORM FOR EACH CHILD):

Student's Name _____

Address _____ (last) _____ (first) _____ (middle) _____ City _____ Zip _____

Social Security No _____ / _____ / _____ Date of Birth _____ Birth Place _____ Sex (circle) M F

Race _____ (circle) Hispanic: Y or N Parent/Guardian of Student _____

Parent/Guardian Telephone Number: Home: _____ Cell: _____ Work: _____

Is the student currently receiving services through an IEP? Yes _____ No _____

Has the student been suspended out of school during the previous school year? Yes _____ No _____

Has the student ever been expelled and/or suspended for 10 or more consecutive days? Yes _____ No _____

SCHOOL INFORMATION:

Grade student will be in for 2012-2013 S.Y. _____

Student's home school district: _____

Home school student **should attend** during 2012-2013 S.Y. _____

School student **wants to transfer to** for 2012-2013 S.Y. _____

List sibling(s) already attending under open enrollment
(Proof of residency required for home school.) _____

Guidelines for Open Enrollment -

- Transportation of **all** open enrollment students is the responsibility of the parent/guardian.
 - Applications will be considered in the order they are received. The earliest application will receive first consideration.
 - One application must be filled out for **each** student in a family requesting to transfer.
 - The Barberton School District reserves the right to assign buildings.
 - Students with handicapping conditions may be denied open enrollment if the services in the student's IEP are not available in the district or available at the building requested.
 - The Ohio High School Athletic Association rules must be followed for Inter-Open Enrollment requests.
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(FALSIFICATION OF INFORMATION ON THIS APPLICATION MAY RESULT IN DENIAL/REMOVAL OF OPEN ENROLLMENT PRIVILEGES)

SIGNATURE OF PARENT/GUARDIAN _____ **DATE** _____

PLEASE RETURN APPLICATION TO: **Barberton City Schools**
479 Norton Avenue
Barberton OH 44203

OFFICE USE ONLY - DO NOT WRITE IN THIS SECTION

RECEIVED BY: _____ DATE AND TIME RECEIVED: _____

APPROVED: _____ REJECTED: _____ REASON REJECTED: _____

SIGNATURE OF OFFICIAL: _____