

Reynoldsburg City School District
Inter-district Open Enrollment Application
for the 2012-2013 School Year

Name of Student: _____ Date of Birth: _____

Name of Parent(s)/Guardian(s): _____

Address: _____ City / Zip: _____

Telephone Number(s): _____

Grade Level During **2011-12** School Year: ____ School Most Recently Attended: _____

School District of Residence: _____ Enrolling into grade: _____

Reynoldsburg school/program you wish your student to attend in the 2012-13 school year: _____

Please respond YES or NO to the following questions:

A. Has the student previously been accepted as an open enrollment student in the Reynoldsburg City School District?

YES NO

B. Is the student a child of an employee of the District?

YES NO

C. Does this student currently have a sibling enrolled in the District

YES NO

If YES, that student's name _____

D. Does the student live with a grandparent in the District?

YES NO

If YES, please provide the name and address of the grandparent:

E. Does this student's parent/guardian work within Reynoldsburg City Schools Boundaries?

YES NO

F. Does this student's parent/guardian own property within Reynoldsburg City Schools Boundaries?

YES NO

G. Is the student the child of a graduate of the District?

YES NO

H. Was the student suspended or expelled from school for 10 or more consecutive days during the current school year or immediately preceding school year?

YES NO

If YES, please explain the circumstances of the suspension or expulsion:

I. Is the student receiving services under an IEP?

YES NO

I understand that, in order to be considered, this application must be filled out completely and the following documents must be attached:

Immunization records

Birth Certificate

Custody Documents (if applicable)

Transcript and Grade Card

IEP (if applicable)

Completed Enrollment paperwork

Discipline Records

Proof of Current Residency

I CERTIFY THAT ALL INFORMATION CONTAINED IN THIS APPLICATION IS TRUE, AND I UNDERSTAND THAT THE FALSIFICATION OF ANY OF THE ABOVE INFORMATION WILL VOID THIS APPLICATION AND/OR THE ENROLLMENT OF MY CHILD IN THE REYNOLDSBURG CITY SCHOOL DISTRICT.

Signature of Parent/Guardian: _____

Date: _____

Received by:

Reynoldsburg City School District Official: _____

Date: _____

*THE BOARD OF EDUCATION RESERVES THE RIGHT TO DENY ANY AND ALL APPLICANTS AND CANCEL THE INTERDISTRICT OPEN ENROLLMENT PROGRAM AT ANY TIME FOR ANY SCHOOL YEAR.