

RENEWAL APPLICATION MUST be returned to the **Welcome Center** by **Friday, April 21, 2023** by drop off in person, fax or email

Reynoldsburg City School District
Inter-District Open Enrollment **RENEWAL APPLICATION**
for **2023-2024** School Year

Name of Student: _____ Date of Birth: _____
School attended (2022-2023 school year): _____ **2023-2024 Grade Level:** _____
Name of Parent(s)/Guardian(s): _____
Address: _____ City / Zip: _____
Primary Contact Number: _____ **School District of Residence:** _____
Email Address: _____

My child **WILL NOT** be returning to Reynoldsburg City Schools for the **2023-2024** school year.

Parent Signature: _____ Date: _____



I am applying for my child to return to Reynoldsburg City Schools for the 2023-2024 school year.

- I have not moved from the last address reported to the Welcome Center.
- There have been no changes in custodial arrangements since those last reported to the Welcome Center (including divorce and shared parenting).

Failure to properly report the above changes can result in the automatic denial of this application.

Please respond YES or NO to the following questions:

<input type="checkbox"/> Yes <input type="checkbox"/> No	Has this student previously been accepted as an open enrollment student in Reynoldsburg City School District?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is this student a child of an employee of the District?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does this student currently have a sibling enrolled in the district? If Yes, please provide the sibling's name _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does this student live with a grandparent in the District? If Yes, please provide the name & address of the grandparent _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does this student's parent/guardian work within Reynoldsburg City Schools boundaries?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does this student's parent/guardian own property within Reynoldsburg City Schools boundaries?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is this student the child of a graduate of the District?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Was this student suspended or expelled from school for 10 or more consecutive days during the current school year or immediately preceding school year?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is this student receiving services under an IEP?

- **Student's final school placement will be determined by the District where seats are available.**
- **Letters of DENIAL only will be sent by July 7, 2023.**
- **Students for whom a renewal is not received by the deadline will be withdrawn on the last day of school and ineligible to return for the 2023/2024 school year.**

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:** _____

*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.

Return Completed Form to: **Welcome Center at 1555 Graham Road, Reynoldsburg 43068, Fax: (614) 501-1049, Email: welcomecenter@reyn.org**

Received by: RCSD Official: _____ Date: _____ Time: _____