

Inter-District Open Enrollment Application

Accepted April 24<sup>th</sup> - May 5<sup>th</sup>

Note: A separate application is required for each student making application under this program

Legal Name of Student \_\_\_\_\_

Grade Level: \_\_\_\_\_ for \_\_\_\_\_ school year Last First Middle Sex: Male or Female

School District of Residence: \_\_\_\_\_ Social Security # \_\_\_\_\_

County of Residence: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth (City/State) \_\_\_\_\_

Requested Date to begin attending \_\_\_\_\_

NOTE: High School students must provide a current Transcript or a Report Card

Ethnic Origin: Asian/Pacific Islands Black/Non-Hispanic American Indian/Alaska Native White Multiracial Hispanic Caucasian

Primary Language(s) spoken at home: \_\_\_\_\_ (Check All That Apply)

Previous Open Enrollment Student Former Little Miami Student/Moved Out of District PSEO JVS Open Enrollment Sibling of Last Year Open Enrollment Student Child of District Employee

Name of Parent(s)/Legal Guardian(s) \_\_\_\_\_

Reason for requesting the transfer \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_ Phone: (Home) \_\_\_\_\_

e-mail \_\_\_\_\_ (Work) \_\_\_\_\_

Is the student currently receiving special education services or accommodations via a 504 Plan? Yes \_\_\_\_\_ No \_\_\_\_\_

IF YES, PLEASE ATTACH A COPY OF THE CURRENT IEP OR 504 PLAN.

SPECIAL EDUCATION STUDENTS ONLY : Fill out the following information only if the student requesting Open Enrollment has an IEP (Individualized Education Plan) or is enrolled in a special education class.

Check the special education class in which the student is currently enrolled:

Specific Learning Disability Developmentally Handicapped Multi-handicapped Severe Behavior Handicapped Orthopedically Handicapped Hearing Handicapped Visually Handicapped

Check the special education service the student is currently receiving:

Specific Learning Disability Tutoring Speech Language Hearing Therapy Other services, please list-

**All Applicants for Open Enrollment complete the following:**

How many days of school missed last year? \_\_\_\_\_

Has this student been suspended or expelled from school during the current or previous school year?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, for how many days and reason:

\_\_\_\_\_

**I have read the Little Miami Schools Open Enrollment Policy and agree to abide by the procedures and regulations that have been established. I hereby certify that the information provided above is accurate. I further understand that falsification of information may lead to a denial of acceptance, or a termination of enrollment at any time. I have read and agree to abide by the guidelines that have been established.**

Signature of Parent/Legal Guardian \_\_\_\_\_ Application Date \_\_\_\_\_

**(For Use by District Office Only)**

Date of Notification to Parent \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_

If denied, reason for denial \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

