

BUCKEYE LOCAL SCHOOL DISTRICT

INTER-DISTRICT OPEN ENROLLMENT APPLICATION 2018-19 SCHOOL YEAR

Check one:

New Application _____

*Re-Application _____

*If you are re-applying, is your home address the same as last year?

Yes _____ No _____

Please print

Student Name _____ Grade (2018-2019) _____

Male Female Date of Birth _____ / _____ / _____

Parent/Legal Guardian _____

Address Street _____ P.O. Box _____

City _____ State _____ Zip _____

Telephone Main (_____) _____ Alternate (_____) _____

Is student currently attending Buckeye Local School District on Open Enrollment? YES NO

School District of Residence: _____

Is student currently registered at school district of residence? YES NO

If student is **not** registered in your resident school district, you **must** enroll there **before** applying for Open Enrollment with the Buckeye Local School District.

Name of school student currently attends: _____

Which Buckeye Local School would you like for your child to attend: (check one)

Elementary
(Grades K-5)
____Kingsville

Braden Middle School
(Grades 6-8)

Edgewood High School
(Grades 9-12)
 ACJVS

____Ridgeview

Vocational Program _____

Please answer the following questions:

1. Does the student have an I.E.P. (Individualized Education Plan) for Special Education?

No Yes Services required _____

2. Was the student suspended or expelled from school for 10 or more consecutive days during the current or previous semester?

No Yes If yes, explain _____

OVER PLEASE →

INTER-DISTRICT OPEN ENROLLMENT APPLICATION (continued)

3. Is the parent/guardian employed by the Buckeye Local School District?

No Yes If yes, explain _____

4. Do grandparents or immediate family members reside in the Buckeye Local School District? No Yes

5. Is parent/guardian a graduate of Edgewood High School? No Yes Year of graduation_____

I understand that I must submit the following information **upon acceptance**, in order for this application to be complete. If these documents are not produced upon enrollment, the student will not be enrolled and open enrollment acceptance will be terminated.

- | | |
|---|--|
| <input type="checkbox"/> Child's Birth Certificate | <input type="checkbox"/> Custody papers (if applicable) |
| <input type="checkbox"/> Child's Social Security Number | <input type="checkbox"/> Proof of Residency (current utility bill) |
| <input type="checkbox"/> Child's Immunization Records | <input type="checkbox"/> Child's IEP (if applicable) |

I understand that the falsification of any of the above information will void this application.

Acceptance will be for the 2018-19 school year only.

- Applications for open enrollment are accepted from April 1–15 for the following school year.
- Applications will be acted upon by May 10.
- If you (parent/guardian) receive an acceptance letter, your child is expected to report to Buckeye on the first day of school. If anything changes, you must notify this office immediately.
- A separate application must be submitted for each student requesting open enrollment.

Signature – Parent/Guardian

Date

Applications are accepted in the Superintendent's Office Monday through Friday between the hours of 8:00 a.m. and 4:00 p.m.

(For office use only)

Received by _____ Date _____

Approved _____ Denied _____ Date _____

Signature of Official _____