

2009-2010

INTER-DISTRICT

OPEN ENROLLMENT APPLICATION

Student Name: _____ Male ___ Female ___ Effective Date: _____

Student's Social Security Number: _____ **Race: _____ D.O.B. _____

Parent/Guardian Name: _____ Phone: Home _____ Work _____

Address: _____
(Street) (City) (Zip Code)

Birth Place **City & State** _____ Mother's Maiden Name _____

School your child now attends **2008/2009**: _____ **2009/2010** Grade Level: _____

Residential School district _____

Native Language _____ **List Special Education Services Needed: _____

School you want your child to attend? **Please Circle one:**

Kenton Ridge (9-12) Rolling Hills (K-5) South Vienna (K-8) Northeastern High (9-12) Northridge (K-8)

Did your child attend kindergarten half day ___ or all day ___ during the 2008-2009 school year?

Has the student been suspended or expelled from school for ten or more consecutive school days during the 2008-2009 school year?
Yes _____ No _____

Check what applies to your situation:

____ Prior tuition student _____ Last year open enrollment student
____ Sibling of last year open enrollment student _____ Former Northeastern resident student

This application **must be received** by the Superintendent's Office, 1414 Bowman Road, Springfield, OH 45502, between **April 1 and April 30, 2009. (It is a first come, first serve basis.)** Office hrs: **7 a.m. – 4:00 p.m.**

If your address changes at any given time, PLEASE contact Cheryl Bowen at the Northeastern Board Office 325-7615.

Parent(s) Guardian(s) must indicate their approval of the transfer upon notification of acceptance.

False information on this application will void consideration.

* A **separate** application must be submitted for **each student**.

**Required data as per Senate Bill 140 – Inter-District Open Enrollment

Parent / Guardian Signature

FOR OFFICE USE

Received by: _____ Date: _____ Time: _____ Principal's Input: _____

Approved: _____ Rejected: _____ Reason for Rejection: _____

Superintendent's Signature: _____ cc: _____

