



**EATON COMMUNITY SCHOOL DISTRICT
INTERDISTRICT OPEN ENROLLMENT STUDENT APPLICATION
School Year Applying For: 2019-2020**

*NOTE: This application MUST be submitted to the District Superintendent's Office at
306 Eaton Lewisburg Rd., Eaton, Oh 45320 by **June 1, 2019***

Complete Student information (Please Print)

Student's First Name: _____ Middle _____ Student's Last Name: _____
 Student's Address: _____ City _____ State: OH Zip _____

PROOF OF RESIDENCY IS REQUIRED. PLEASE ATTACH.

Female Male Date of Birth: ____/____/____ Birthplace City: _____
 Parent/Guardian Name(s) _____
 Phone No. _____ Mother's Maiden Name: _____ Court/Custody Papers Yes (attach copy) No
 Ethnicity: White Black Hispanic Asian/Island Pacific Native American Other _____
 (Mark all that apply)
 Native Language: English Spanish Japanese Other _____
 Home Language: : English Spanish Japanese Other _____

Complete School Information (Please Print)

Present Grade _____ Grade Requested _____ Will Student be attending MVCTC? Yes No
 If requesting specific high school courses (grades 9-12) please list: _____
 Has student ever been enrolled in Eaton Community Schools? Yes No If yes, when _____
 Current School District of Residence: (Circle One) National Trail Tri County North Twin Valley South Preble Shawnee Talawanda College Corner
(Only students from the above abutting school districts will be considered for Open Enrollment)

Is the student in a special education program? Yes No Does student have an IEP/ETR/504Plan? Yes No
 If yes, please explain: _____ and attach IEP/ETR/504.
 Has the student ever been suspended and/or expelled or does the student have unresolved discipline issues? Yes No
 If yes, explain reason for suspension and/or expulsion or discipline _____
 Do you owe any fees to the previous district that would prevent Eaton Community Schools from receiving grades? Yes No
 Reason(s) for Open Enrollment Request: _____

Parent/guardian signature _____ Date: _____

- Open Enrollment may impact athletic eligibility. Contact the Athletic Director for details about eligibility.
- This is not a registration form. You must enroll at the Central Office located at 306 Eaton Lewisburg Rd. Call 937-456-1107 for an appointment.
- Applications must be received in the office of the superintendent by **June 1, 2019**. If mailed, please mark the envelope "Open Enrollment". Parent/guardian will be notified of rejection or acceptance by **August 5, 2019** if the request is for the next school year, or within 14 days if the request is during the school year. A basis of acceptance will be determined by class size standards as stated in Board Policy.
- Falsification of any information on this open enrollment form may result in an automatic termination of open enrollment status and denial of future open enrollment applications.
- No student shall be denied admission to Eaton Community School District or to a particular course of program of instruction or otherwise discriminated against for reasons of race, color, national origin, ancestry, sex, handicap, or any other basis of unlawful discrimination.

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

Received by _____ Time _____ Date _____

Superintendent's Recommendation:
 Date form received: _____ Approved Denied

Reason for Denial: _____

Superintendent Signature: _____

Date Parent Copy Sent: Date Adjacent District Copy Sent:

Date of enrollment change for EMIS SSID Number