

INTERDISTRICT OPEN ENROLLMENT APPLICATION

Southeast Local School District

8245 Tallmadge Rd.

Ravenna, Ohio 44266

Check one: New Application _____ Re-application _____

Student Name: _____ Male _____ Female _____

Date of Birth: _____ / _____ / _____ **Grade Level 2018-2019 school year** _____

Parent / Guardian: _____

Address Street _____ P.O. Box _____

 City _____ **County** _____ State _____ Zip Code _____

Telephone: Home: (_____) _____ - _____ Work: (_____) _____ - _____

Student Address if different from parent: _____

Parent's School District of Residence: _____

Effective Date of Change (if new): _____

School district and building that student currently attends: (District) _____

(Building) _____

****IMPORTANT NOTE: IF THIS IS THE FIRST TIME YOU ARE APPLYING FOR OPEN ENROLLMENT TWO PROOFS OF RESIDENCY MUST ACCOMPANY THIS FORM BEFORE WE WILL CONSIDER ACCEPTING FOR THE 2018 - 2019 SCHOOL YEAR. YOU MUST HAVE A LEASE OR RENTAL AGREEMENT AND CURRENT UTILITY BILL, (PHONE, ELECTRIC, CABLE) WITH THE CUSTODIAL PARENTS NAME AND ADDRESS.**

Is student registered at school district of residence? Yes _____ No _____

Does the student have a current I.E.P. (Individual Education Plan for Special Education)?

 Yes _____ No _____

 If yes, in what special education program is the child enrolled? _____

Was the student suspended or expelled from school during the last twelve (12) months?

 Yes _____ No _____ If yes, explain: _____

If high school, will the student be attending the Maplewood Career Center?

 Yes _____ No _____

A. _____ Does parent or guardian work for the Southeast Local Board of Education?

B. _____ Do grandparents or relatives reside in the Southeast Local School District?

C. _____ Does either parent work in the Southeast Community?

Company Name _____

Address _____

D. _____ Is parent a graduate of Southeast? Year _____

Please list any other students name and grade that will be applying for open enrollment.

DEADLINE TO APPLY FOR 2018 – 2019 - IS MAY 14, 2018

I UNDERSTAND THAT THE FALSIFICATION OF ANY OF THE ABOVE INFORMATION WILL VOID THE OPEN ENROLLMENT APPLICATION.

SIGNATURE

PARENT/GUARDIAN _____ DATE _____

**** Office Use Only ****

Date & time submitted _____

District of Residence: _____

Attending School: _____

Principal's acknowledgement (initial) _____ *Date:* _____

Accepted ____ *Denied* _____

Director of Special Education _____ *Date:* _____

(only applicable if student is on an IEP)

Accepted ____ *Denied* _____

Superintendent's signature _____ *Date:* _____

Accepted ____ *Denied* _____