NORTH UNION LOCAL SCHOOLS
INTERDISTRICT OPEN ENROLLMENT APPLICATION
2019 - 2020

(Required data as per Senate Bill 140-Inter-District Enrollment)

1-Today's Date_____ Date or School Year Effective for Transfer: _____

2-CHILD'S FULL NAME: _____
(Last) (First) (Middle)

3- ADDRESS: _____
House # Street/Road Name PO Box # City State/Zip

4- PARENT/GUARDIAN NAME(S): _____PHONE: HOME_____

5- MOTHERS MAIDEN NAME: _____ WORK OR CELL: _____

6- E-MAIL ADDRESS _____

7- BIRTH CITY _____DATE OF BIRTH_____COUNTY OF RESIDENCE_____

7- RACE: DO YOU IDENTIFY AS HISPANIC OR LATINO? _____ YES _____ NO

8- PLEASE CHECK BESIDE THE RACE WHICH THE STUDENT IDENTIFIES. MORE THAN ONE BOX MAY BE MARKED.

ETHNICITY: _____AMERICAN INDIAN OR ALASKA NATIVE _____ ASIAN _____ BLACK OR AFRICAN AMERICAN

_____ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER _____WHITE

9- NATIVE LANGUAGE: ___ ENGLISH ___ SPANISH ___OTHER:_____ MALE _____ FEMALE _____

10- KG EXPERIENCE _____1/2 DAY _____ FULL DAY _____ NONE

11- DISTRICT OF LEGAL RESIDENCE: _____

12- DISTRICT/BUILDING OF *CURRENT ENROLLMENT*: _____

13- IS THE STUDENT CURRENTLY, OR HAS THE STUDENT BEEN SUSPENDED/EXPELLED FROM SCHOOL DURING THE CURRENT OR PREVIOUS SCHOOL TERM? _____ YES _____ NO IF YES, EXPLAIN_____

14- DOES STUDENT'S EDUCATION PROGRAM INCLUDE AN INDIVIDUALIZED EDUCATION PLAN? ___ YES ___ NO

IF YES, EXPLAIN CHILD'S DISABILITY:_____

15- IS THIS CHILD A FOSTER CHILD OR A WARD OF THE COURT? _____ YES _____ NO

16- REASON FOR TRANSFER _____**GRADE LEVEL FOR 19/20 SCHOOL YEAR**_____

17- YEARS HOME SCHOOL _____# OF CREDITS EARNED AT THE END OF LAST YEAR (H.S. ONLY) _____

18- CHECK WHAT APPLIES TO YOU: _____ NEW APPLICANT

_____ SIBLING OF LAST YEAR OPEN ENROLLMENT STUDENT

_____ FORMER NORTH UNION RESIDENT STUDENT

19-SIGNATURE OF PARENT/GUARDIAN _____

RETURN TO: SUPERINTENDENT'S OFFICE, NORTH UNION SCHOOLS, 12920 SR 739, RICHWOOD, OH 43344

DEADLINE- MARCH 1, 2020 (APPLICATIONS AFTER THIS DATE WILL BE DENIED)

SIGNATURE- NORTH UNION SUPERINTENDENT _____DATE _____

APPROVED: _____ DISAPPROVED _____WAITING LIST:_____

REASON: _____

FOR OFFICE USE ONLY:

RECEIVED: _____ NOTIFICATION: PARENT _____DOR _____BUILDING_____