

**NORTH UNION LOCAL SCHOOLS
INTERDISTRICT OPEN ENROLLMENT APPLICATION
2018 - 2019**

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 18/19 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- JULY 1,2018

SIGNATURE- NORTH UNION SUPERINTENDENT _____ DATE _____

APPROVED: _____ DISAPPROVED _____ WAITING LIST: _____

REASON: _____

FOR OFFICE USE ONLY:

RECEIVED: _____ NOTIFICATION: PARENT _____ DOR _____ BUILDING _____