

**ANNUAL OPEN ENROLLMENT APPLICATION****EDGEWOOD CITY SCHOOL DISTRICT****3440 Busenbark Rd., Trenton, OH 45067**

Application Date: _____ Requested School Year: **2023/24** Grade Level for **2023/24**: _____
Student's Name: _____ Date of birth: _____
Address: _____ City: _____ Zip: _____
School District Of Residence: _____
Parent(s) / Legal Guardian(s): _____
Home Phone # : _____ Cell Phone # : _____
Employer: _____ Work Phone # : _____
Email: _____

Please list any siblings that currently attend Edgewood City School District:

Name: _____	Grade: _____	Building: _____
Name: _____	Grade: _____	Building: _____
Name: _____	Grade: _____	Building: _____

What school and district did the student attend during the **2022/23** school year? _____

Has this student been suspended or expelled from school for ten or more days? _____

Does the student receive any special education services? ☐ Yes ☐ No

If the student receives special education service, please indicate which of the following services apply:

- | | |
|---|---|
| <input type="checkbox"/> Gifted Services | <input type="checkbox"/> 09 Intellectual Disabilities |
| <input type="checkbox"/> English Language Learning Services | <input type="checkbox"/> 10 Specific Learning Disability |
| <input type="checkbox"/> 01 Multiple Disabilities | <input type="checkbox"/> 12 Autism |
| <input type="checkbox"/> 02 Deaf - Blindness | <input type="checkbox"/> 13 Traumatic Brain Injury |
| <input type="checkbox"/> 03 Deafness - Hearing Impairment | <input type="checkbox"/> 14 Other Health Impaired (Major) |
| <input type="checkbox"/> 04 Visual Impairment | <input type="checkbox"/> 15 Other Health Impaired (Minor) |
| <input type="checkbox"/> 05 Speech/Language Impairment | <input type="checkbox"/> 16 Developmental Delay |
| <input type="checkbox"/> 06 Orthopedic Impairment | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> 08 Emotional Disturbance | |

Applications must be made in person at Central Registration (3590 Busenbark Rd, Suite 100, Trenton, OH, 45067).**Parent(s) / Legal Guardian(s) must provide a high school transcript for newly enrolled students entering grades 10-12.****Parent(s) / Legal Guardian(s) must provide a report card for newly enrolled students entering grades 1-9.**

I have read and reviewed the Edgewood City School District Open Enrollment Policy at www.edgewoodschools.com and accept the terms and conditions. I understand that failure to provide accurate information or falsification of documentation will make this application null/void.

Parent / Guardian Signature: _____ Date: _____

For Office Use Only

Rec'd By:		Approved	Reason: _____
Date:		Denied	
Time:	a.m. / p.m.	Pending	