Ridgedale Local Schools
Interdistrict Open Enrollment Application

Student's Name: _____
(Last) (First) (Middle)

Date of birth: _____ Gender: _____

School district of residence: _____

School district currently attending: _____

Grade level for **2021-2022** school year (circle one): K – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10 – 11 – 12

Is this student enrolled in any special programs? Individualized Education Plan (IEP), Gifted, or Accelerated

If yes, please indicate which special program or services student is receiving:

_____

Has this student been suspended or expelled for ten (10) consecutive days in the current or preceding term?

Yes _____ No _____

Will the student need to ride the bus from one of the six open enrollment bus stops? If your child is accepted as an open enrollment student, you will be contacted by our transportation department as to which bus stop your child will be using.

Yes _____ No _____

Are other students from your immediate family open enrolled at Ridgedale? Yes _____ No _____

Name(s) of other student(s): _____ Grade level(s): _____

_____ _____

_____ _____

Residential Parent/Guardian's name(s): _____

Street address: _____

City: _____ State: _____ Zip: _____

Phone: Home number _____ Cell Phone _____

Work number _____

I affirm that the above information is correct. Falsification of the above information may result in disqualification of open enrollment privileges. Further, I hereby grant permission for my child's educational records to be reviewed, if necessary. I also understand that I am responsible for my child's transportation to and from school, or to and from the designated open enrollment bus stops.

Parent/Guardian's signature: _____ Date: _____

FOR OFFICE USE ONLY

This application must be received by the Superintendent no later than June 1, 2021.