

INTERDISTRICT OPEN ENROLLMENT

ADMINISTRATIVE REGULATIONS/APPLICATION PROCEDURES

APPLICATIONS WILL BE ACCEPTED MAY 1, 2019-JUNE 10, 2019

1. Any application for an interdistrict open enrollment transfer must be submitted on the proper form to the Superintendent's Office of the Northeastern Local Schools 05921 Domersville Road, Defiance, OH 43512 for the upcoming school year. One application must be submitted for each student requesting an interdistrict open enrollment transfer.
2. Applications will be acted upon by August 1.
3. Students moving into adjacent or non-adjacent districts after June 10 may apply for an interdistrict open enrollment transfer on this form. Applications will be reviewed and acted upon by August 24. No applications will be considered after August 25.

<u>Grade</u>	<u>Section</u>	<u>Enrollment</u>
Early Five's	Per Section	Shall be established per board policy
K	Per Section	Shall be established per board policy
1-6	Per Section	Shall be established per board policy
7-8	Per Section	Shall be established per board policy *
9-12	Per Class	Shall be established on a course-by-course basis
Special Education classes	Per grade level	Limited Enrollment

*Limits for grades 7 and 8 shall be based upon board policy

5. No student, once accepted for the school year by Northeastern Local Schools, will be displaced should enrollment exceed the limits stated above.
6. Students receiving special education services will be assigned to school buildings where the services specified in the student's IEP are available. The district will not accept handicapped students if services required in an IEP are not available in the district.
7. Applicants will be considered on a first come - first serve basis according to the date the application is received by the Superintendent's Office.
8. All approved open enrollment transfers will be in effect for one school year only. Open enrollment students who have been suspended or expelled ten (10) days or more during the year while attending Northeastern Schools will not be accepted as an open enrollment student the following year.
9. Applicants may be rejected if the racial balance of either the sending district or the Northeastern Local Schools would be negatively impacted.
10. The Northeastern Local Schools will accept no responsibility for the transportation of open enrollment students.
11. Interdistrict open enrollment applications will not be approved for students having been suspended or expelled for ten (10) consecutive days or more by the district of residence in the prior school year. In addition, any punishment that carries over into the school year for which the application is being made shall be cause for denial of the application.

ATTENTION ATHLETES:

12. A junior high student's eligibility is not affected by being open enrolled. A student who open enrolls as a matriculating freshman, not having attended any other high school, and who has not participated in an interscholastic contest prior to the start of school for any other high school, may establish initial eligibility at Tinora High School. A student who transfers to Tinora High School under open enrollment after having established eligibility at another high school may be subject to sitting out interscholastic contests in accordance with OHSAA Bylaw 4-7-2.



NORTHEASTERN LOCAL SCHOOLS

2019-2020 INTERDISTRICT OPEN ENROLLMENT APPLICATION

STUDENT'S NAME: _____
Last Name First Name Entire Middle Name

CHECK ONE: Renewal Application (CURRENTLY OPEN ENROLLED AT NORTHEASTERN LOCAL)
 New Applicant (MUST INCLUDE **PROOF OF RESIDENCE**)**

****PROOF OF RESIDENCE:** Please attach a copy of a rental agreement or utility bill that shows your home address.

GENDER: Male Female GRADE LEVEL FOR UPCOMING 2019-2020: _____

DATE OF BIRTH: _____ / _____ / _____

ETHNICITY: White Hispanic/Latino American Indian Asian Black/African American
 Native Hawaiian Other _____

NATIVE LANGUAGE: English Other _____

BIRTH CITY/STATE: _____ MOTHER'S MAIDEN NAME: _____

DISTRICT OF RESIDENCE: _____ CURRENT SCHOOL ATTENDING: _____

NAME OF PARENT(S)/GUARDIAN: _____

CHECK ONE: Sole Custody Guardianship Custodial Shared Parenting*

**(All necessary court papers MUST accompany this application, failure to do so may delay student acceptance)*

PRIMARY ADDRESS (where child resides the most with parent(s):

Address: _____

City: _____ Zip: _____

Home Phone: () _____ Cell Phone () _____

**If shared parenting, please provide the additional address:*

Parent Name: _____

Address: _____

City: _____ Zip: _____

IF MOVING, PLEASE LIST DATE OF MOVE: _____

DOES YOUR CHILD HAVE SIBLINGS APPLYING FOR OPEN ENROLLMENT? YES NO

List name and grade of each sibling:

IS YOUR CHILD CURRENTLY RECEIVING SPECIAL EDUCATION SERVICES? Yes [IEP or a 504 Plan] No

REASON FOR OPEN ENROLLING YOUR CHILD: _____

By signing this application, you are certifying that the information presented above is accurate. If it is found that any of this information is inaccurate, misleading or incomplete, Northeastern Local Schools may require **proof of residency or residency affidavit** and/or **court orders related to child custody issues**. You further agree to your child attending Northeastern Local Schools for the year of application.

PARENT/GUARDIAN SIGNATURE

DATE

For Office Use Only

Date Received _____ Parent Notification Date: _____

Accepted: _____ Denied _____ District of Residence Notification Date: _____

Reason for Denial _____ SSID# _____ Eco. Dis: Yes No