



ANNUAL OPEN ENROLLMENT APPLICATION
 EDGEWOOD CITY SCHOOL DISTRICT
 Central Registration Office
 3590 Busenbark Rd., Trenton, OH 45067

Application Date: _____ Requested School Year: 2020-21 Grade Level for 2020-21: _____
 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 **2019/20** school year? _____
 What building would you prefer the student attend for the **2020/21** 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"/> 504 Plan | <input type="checkbox"/> 09 Intellectual Disabilities |
| <input type="checkbox"/> 01 Multiple Disabilities | <input type="checkbox"/> 10 Specific Learning Disability |
| <input type="checkbox"/> 02 Deaf - Blindness | <input type="checkbox"/> 12 Autism |
| <input type="checkbox"/> 03 Deafness - Hearing Impairment | <input type="checkbox"/> 13 Traumatic Brain Injury |
| <input type="checkbox"/> 04 Visual Impairments | <input type="checkbox"/> 14 Other Health Impaired (Major) |
| <input type="checkbox"/> 05 Speech/Language Impairment | <input type="checkbox"/> 15 Other Health Impaired (Minor) |
| <input type="checkbox"/> 06 Orthopedic Impairment | <input type="checkbox"/> 16 Developmental Delay |
| <input type="checkbox"/> 08 Emotional Disturbance | <input type="checkbox"/> Other: _____ |

Applications should be submitted to Central Registration (3590 Busenbark Rd, Suite 100, Trenton, OH, 45067).

Applications may be scanned/emailed to Patti.Bowers@EdgewoodSchools.net or faxed to 513-867-7573.

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 current report card for newly enrolled students entering grades 1-9.

I have read and agree to the terms and conditions of the Open Enrollment Policy at www.EdgewoodSchools.com.

***Falsification of documentation will void the application and the student will be withdrawn immediately.**

Parent / Guardian Signature: _____ Date: _____

For Office Use Only

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