

SOUTH CENTRAL LOCAL SCHOOL DISTRICT  
INTER-DISTRICT OPEN ENROLLMENT  
PARENT AGREEMENT

We have been properly informed that our child is to be enrolled in South Central Local School District, and agree to the following conditions:

Our child may not be admitted or may need to be transferred back to his/her home school at the end of the school year, if the maximum number of enrollments in the classroom or program he/she is attending become filled by students residing in the South Central Local School District or by tuition students.

If our child should require special education services or a reasonable accommodation for a Section 504 disability, he/she may be transferred back to a school in this district or to a school in that district that currently provides such services or can make the accommodation, if the school he/she is attending is not providing the services or cannot make the reasonable accommodation.

We shall provide the transportation for our child either to the school he/she will be attending or to a school bus stops within the school district.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Signature

Date \_\_\_\_\_

This acceptance agreement must be returned as soon as possible to the Superintendent's office.

Upon receipt of this agreement you will be asked to report to the school office and present regular enrollment information such as birth certificate and shot records.