



OFFICE USE ONLY	
Student ID:	_____
SSID:	_____
Admission Date:	_____
Bldg Assigned:	_____
Home Dist IRN:	_____

Indicate the following:

- New Open Enrollment
- Returning Open Enrollment
- Former Resident

OPEN ENROLLMENT APPLICATION 2020/2021

IMPORTANT: Kindergarten students applying for Open Enrollment *MUST* meet the age requirement of their home school district. Applications are considered on a "First Come, First Serve" basis.

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

Address: _____
(Street) (City/State) (Zip)

DOB: _____ Birth City: _____ Male/Female: _____ Mother's Maiden Name: _____

School District of Residence: _____ 20/21 Grade Level: _____ Participates in School Athletics: Yes No

Has student been suspended/expelled for more than ten consecutive days during the current school year? Yes No

- School Requested:
- | | | | | |
|--|---------------------------------------|---------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Fulton | <input type="checkbox"/> Horace Mann | <input type="checkbox"/> Kenwood | <input type="checkbox"/> Lagonda | <input type="checkbox"/> Lincoln |
| <input type="checkbox"/> Clark PreSchool | <input type="checkbox"/> Perrin Woods | <input type="checkbox"/> Simon Kenton | <input type="checkbox"/> Snowhill | <input type="checkbox"/> Snyder Park |
| <input type="checkbox"/> Hayward MS | <input type="checkbox"/> Schaefer MS | <input type="checkbox"/> Roosevelt MS | <input type="checkbox"/> Springfield HS | <input type="checkbox"/> OnCourse |

The following information is required to be reported by the US Dept. of Education and is also a US Dept. of Agricultural Federal requirement. If any of the following questions are not answered, the student will be coded on a visual basis, per government regulations.

- Is the student from Hispanic/Latino heritage? Yes No
(Hispanic/Latino means a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)
- Summative Race/Ethnic Element (checkone):
 American Indian or Alaska Native Asian Black Hispanic Multi-racial Pacific Islander White
- Race Detail Element: If your answer to #1 is Yes, or your answer to #2 is Multi-racial, please check one of the following:
 Asian Black American Indian or Alaska Native Pacific Islander White

Does student have an I.E.P? Yes No List *SPECIAL EDUCATION* Services Needed: _____
 Approved Denied By: _____ Date: _____
(Student Services Official)

Residential Parent/Guardian: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Is Parent/Guardian a current employee with Springfield CitySchool District? Yes No

Are any immediate family members active military? Yes No If Yes, which Military Branch? _____

Parent/Guardian Signature: _____ Date: _____

~ PLEASE Read and Complete the reverse side of form ~
 Any falsification of information on the application form will render the application null and void.

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Approved Denied By: _____ Date: _____
(SCSD Official)

NOTIFIED: Resident District School Requested Parent EMIS SpEd OE Spreadsheet Initials/Date: _____



PARENT AGREEMENT TO AN INTERDISTRICT OPEN ENROLLMENT
Enrollment is effective for the 2020/2021 school year only

Whereas, we have been informed that if our child, _____
is enrolled in the Springfield City School District from our resident district, we agree to the following:

- ~ If applying for Kindergarten or 1st grade, our child meets the age requirement set forth by our school district of residence.
- ~ If admitted, our child may need to be transferred back to his/her home school at any time during the school year, depending on classroom capacities.
- ~ 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 our district of residence or to another school in the Springfield City School District which provides such services or can make the accommodations, if the school he/she is attending cannot provide the same.
- ~ We are aware that we are responsible for providing the transportation for our child to and from the Springfield City School District.
- ~ Ohio High School Athletic Association athletic eligibility guidelines will be in effect for a student in grades 7 - 12. It is the responsibility of the parent/guardian/student to request an athletic release from the Board of Education of the resident district. Any enrolled adjacent-district students who are eligible to participate in interscholastic athletics and who have been released by their home districts may lose their eligibility for an entire year if or when they return to the home district. Students and parents are urged to become aware of and consider these athletic guidelines before making application for Interdistrict Open Enrollment.
- ~ *Applicants may be rejected if the student has been suspended or expelled for ten (10) consecutive days or more during the semester of application or the preceding semester.*
- ~ *Once approved for enrollment, all rules, regulations, and policies of the Springfield City School District shall apply to open enrollment students to the same extent as they apply to native students. Admitted students are expected to adhere to district attendance and discipline policies. Violations may result in immediate withdraw from the Springfield City School District.*
- ~ *The Springfield City School District reserves the right to revoke the admission of any interdistrict open enrollment student who violates any provision of this policy.*
- ~ Once notified, Parents/Guardians must indicate their acceptance of the Open Enrollment.

New or returning students who have recently moved, please provide proof of residency dated within the last 60 days. One of the following is acceptable proof of residency: Deed, Mortgage Statement, Property Tax Bill, County Auditor print out, Lease or Rental agreement, or Utility bill.

Please return to:

Open Enrollment
Central Registration Springfield
City School District 700 S.
Limestone St., Suite A
Springfield, Ohio 45505
centralregistration@scsdoh.org

Parent/Guardian Signature: _____ Date: _____