

For School Year: **2014-2015**For School Year: **2014-2015**

New Applicant

Last Year Open Enrollment Student

Sibling of Last Year Open Enrollment Student

Former Kenton Resident Student

Today's Date _____ Student City of Birth _____ Student's Date of Birth _____

1. Student's Name: _____

(Last) (First) (Middle)

2. Student's SS# _____ Parent/Guardian Name _____

3. Address _____

(City) (State) (Zip)

4. Home Phone _____ Work Phone _____

5. District of RESIDENCE _____ County _____

6. District of CURRENT ENROLLMENT	Grade Level of Student- for 14/15 School Year

7. Ethnic Composition: (Please check appropriate space)

American Indian _____ Asian _____ Black _____ Hispanic _____ Multiracial _____ White _____ Other _____

8. Has the student been suspended or expelled for 10 consecutive days or more at any one time during the current School year? YES _____ NO _____

9. Does the student's educational program include an Individualized Educational Plan (IEP)? YES _____ NO _____

Signature of RESIDENT DISTRICT Superintendent: _____
(Signature)

(Resident Supt. signature is only required when applying for FIRST FULL YEAR of Open Enrollment to Kenton City Schools.)

I have read the accompanying Interdistrict Open Enrollment Policy and agree to the terms and conditions stated.

Signature of Parent/Guardian _____
(Signature)

RETURN TO: Superintendent's Office
KENTON CITY SCHOOLS
222 W. Carrol St.
Kenton, OH 43326

DEADLINE: August 1st

(For Office Use Only)

Received by: _____ Date: _____ Time: _____

Approved by: _____ Rejected by: _____

Reason(s): _____

Copy sent to Resident District: _____/_____/_____
(Date)

Effective Date / /

Revised 3/07