

**ORRVILLE CITY SCHOOL DISTRICT
INTERDISTRICT OPEN ENROLLMENT APPLICATION
2023-2024 SCHOOL YEAR**

Student's Full Name: _____

First

Middle

Last

D.O.B. _____ **Gender:** _____ **Grade for 2023-2024:** _____

Birthplace City: _____ **Language Spoken in the home:** _____

Home Address: _____

Street Address

PO Box

City

State

ZIP

Current District of Residence: _____

Current District of Attendance: _____

Name of parent(s)/guardian(s): _____

Who has residential custody? (please include court documents) _____

Phone: _____ **Email:** _____

Does your student have: IEP: YES ___ NO ___ 504 Plan: YES ___ NO ___ WEP/Gifted: YES ___ NO ___

Has the student been suspended or expelled within the last year? YES ___ NO ___

*No student shall be denied admission to Orville City Schools or to a particular course or instructional program or otherwise discriminated against for reasons of race, color, national origin, sex, handicap, or any other basis of unlawful discrimination.

Applications must be submitted yearly beginning March 15th for the next school year. Return to the Superintendent's office: 815 N. Ella St, Orrville, OH 44667 or via email: orvl_vogelhu@tccsa.net

Please attach a current proof of parents' residency (utility bill, lease) with name, address, and date to this application. This application will not be processed without this documentation.

Please attach a copy of the students' custody documents (if applicable) and a recent official transcript or grade card (High School only) for new students.

Parent/Guardian Signature: _____ **Date:** _____

FOR OFFICE USE ONLY

Received by: _____ Date: _____ Time: _____

Administrator Signature: _____ Date: _____ Approved Rejected

If Rejected, Reason(s): _____

Letter sent to parent: _____ Letter sent to resident district: _____ SSID: _____

Effective Date: _____