ORRVILLE CITY SCHOOL DISTRICT 815 N. Ella St., Orrville, OH 44667

INTERDISTRICT OPEN-ENROLLMENT APPLICATION

(Applications for Open Enrollment must be submitted each year to the Superintendent's office on March 15 for the next school year)
Please provide proof of residency with application.

Student's Full Name:		
First	Middle	Last
Child's Date of Birth:		
Parent/Guardian's Name:		
Address:		
Street Address	City	· -
Phone Number (Home):		1)
Birthplace City: Native	e Lang Race Mot	her's Maiden Name
Is this student Hispanic/Latino?		
Current district of residence:		
Current district of attendance:		
Application year: 2017-2018 Gra	ade for requested year	
Does the student have an IEP for special	education?	-
What Program		
Has the student been suspended or expel	led this semester? Las	t semester?
High school students must list desired cla	asses or vocational program for the year re	quest is being made:
;		;
	;;	;
	;	;
	City Schools or to a particular course or instructional progrational origin, sex, handicap, or any other basis of unlawfu	
Parent Signature:	Date	
Student Signature:	Date	
	it's birth certificate, immunization record, a should also be included if applicable. This a n file with Orrville City Schools.	
**********	***********	***********
	(FOR OFFICE USE ONLY)	
Received by:	Date:	Time:
Approved by	Date Approved:	
Rejected by:	Date Rejected:	
If Rejected, Reason(s)		
	Letter Sent to Resident Distr	ict
Student's SSID #	Date Open Enrollment Begins:	