

**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 State Zip

Phone Number (Home): \_\_\_\_\_ (Work or Cell) \_\_\_\_\_

Birthplace City: \_\_\_\_\_ Native Lang. \_\_\_\_\_ Race \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

Is this student Hispanic/Latino? \_\_\_\_\_

Current district of residence: \_\_\_\_\_

Current district of attendance: \_\_\_\_\_

Application year: 2019-2020 Grade for requested year \_\_\_\_\_

Does the student have an IEP or special education? \_\_\_\_\_

What Program \_\_\_\_\_

Has the student been suspended or expelled this semester? \_\_\_\_\_ Last semester? \_\_\_\_\_

High school students must list desired classes or vocational program for the year request is being made:

\_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_;  
\_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_;  
\_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_;

No student shall be denied admission to Orrville 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.

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: Please attach a copy of the student's birth certificate, immunization record, and a recent official transcript or grade card. A current IEP or parental custody papers should also be included if applicable. This application will not be processed without these documents unless they are already on file with Orrville City Schools.**

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**(FOR OFFICE USE ONLY)**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Approved by \_\_\_\_\_ Date Approved: \_\_\_\_\_

Rejected by: \_\_\_\_\_ Date Rejected: \_\_\_\_\_

If Rejected, Reason(s) \_\_\_\_\_

Letter Sent to Parent: \_\_\_\_\_ Letter Sent to Resident District \_\_\_\_\_

Student's SSID # \_\_\_\_\_ Date Open Enrollment Begins: \_\_\_\_\_