

TIPP CITY EXEMPTED VILLAGE SCHOOLS

INTER-District Open Enrollment Application

Use this application when applying from ADJACENT Districts to the Tipp City School District.

School Year Applying For: 2019 - 2020

**NOTE: This application MUST be submitted to the District Superintendent between April 1-May 1.
A separate application must be completed for each student.**

Complete Student Information (Please print) New Application Renewal Application

First Name: _____	Middle Name: _____	Last Name: _____
Student Address: _____		<input type="checkbox"/> Male <input type="checkbox"/> Female
City, State, Zip: _____	Date of Birth: _____ <small>Month Day Year</small>	
Phone: _____	Birth Place City: _____	
Parents/Guardian: _____	Email: _____	
Circle One: → Custodial Parent/Legal Guardian/Foster Parent		
Ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Hispanic		
<input type="checkbox"/> Asian/Island Pacific <input type="checkbox"/> Native American <input type="checkbox"/> Other: _____		
Native Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Japanese <input type="checkbox"/> Other: _____		

Complete School Information (Please print)

Grade Entering: _____	
School District of Residence: <input type="checkbox"/> Bethel <input type="checkbox"/> Miami East <input type="checkbox"/> Milton-Union <input type="checkbox"/> Troy <input type="checkbox"/> Vandalia-Butler	
School Last Attended or Presently Attending: _____	
High School – List Specific Courses Desired: _____	
Reason for Request: _____	
Has Student Ever Been Expelled or Suspended? If Yes, When and Why? _____	
Does Student Have an IEP, ETR, or 504 Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Attach Copy.	
Does Student Currently Participate in Interscholastic sports per Ohio High School Athletic Association Rules? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what sports? _____	

Do Not Forget to fill out the back side.

Signature of Parent/Guardian: _____ Date: _____

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

Superintendent's Recommendation:

Date Received: _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Effective Date: _____
Superintendent Signature: _____		
Reason for Denial: _____		

Date Parent Copy Sent: _____	Adjacent District Superintendent Copy Sent: _____
Date Filed: _____	STUDENT SSID#

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Parent/Guardian Agreement for Interdistrict Open Enrollment

School Year: 2019 - 2020

We have been properly informed that if our child is to be enrolled in a school in the Tipp City Exempted Village School District, we will agree to the following conditions:

1. Although unlikely, our child may not be admitted or may need to be transferred back to his/her home school at the end of the school year, if maximum enrollment in the classroom or program s/he is attending is reached by students who reside in the Tipp City district or by tuition students.
2. We shall provide the transportation for our child either to the school s/he will be attending.
3. We understand that we must apply each year.

Student Name

Parent/Guardian

Parent/Guardian

Date

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Start Date for Open Enrollment: _____ School Assigned: _____

Superintendent's Approval: _____ Date: _____

Reason(s) for Rejection: _____
