

INTER-DISTRICT OPEN ENROLLMENT APPLICATION

Application Deadline: May 1, 2010

Date _____ Grade Level for 2010-2011 School Year _____ Social Security # _____

Name of Student _____ Birth Date _____

Parent/Guardian's Name _____ Phone # _____
Cell Phone _____

Address _____ City ZIP _____

Student's Race: Caucasian African-American Hispanic Multiracial Asian Other Gender: Male Female

School District Student Currently Attends _____ Building _____

School District of Residence _____ Building _____

Special Education Classes/Services Required YES NO Type of Program _____

School Requested (circle one) K-6 7-12

Has this applicant been expelled or suspended from school YES NO

*HIGH SCHOOL STUDENTS ONLY – 2009-2010 Grade Level _____

*Number of high school credits anticipated at the end of the 2009-2010 _____

*If for specific high school courses or special classes, list desired classes:

Why do you want your child to attend St. Bernard-Elmwood Place Schools? (You may use back of this form.)

I agree to abide by the established procedures for St. Bernard-Elmwood Place City Schools Open Enrollment program.

If my child is approved for the transfer, I know that:

- I must arrange for transportation for him/her.
- I also agree that my child must retain in this alternate school for the entire 2010-2011 school year.
- I further understand that the approval of this application is dependent upon building/class capacity, my child's discipline record and the racial balance of the sending and receiving schools.
- I realize that if my child participates in middle school or high school athletics, he/she will be subject to the rules of the Ohio High School Athletic Association and must have a superintendent's letter of release in order to participate in SBEP athletics.
- I understand the superintendent retains the right to approve or deny this application based solely upon extenuating circumstances deemed to be in the best interest of my child and the school district.
- I understand that a conference with the superintendent is necessary prior to acceptance upon appointment only and only with all required documents. Call 513-482-7121 to schedule a conference.

Were you referred by a student or employee of SBEP School District? Yes No If so, by whom? _____

Note: Requests will be acted upon no later than **June 30**. Parents must indicate acceptance of transfer on or before **July 14**.

I certify that all information contained in this application is true and complete, and I understand that the falsification of any of the above information will void this application and/or the enrollment of my child in the St. Bernard-Elmwood Place City Schools.

Signature of Parent/Guardian _____ Date _____

FOR OFFICE USE ONLY

Received by: _____ Date & Time Received: _____

Title _____

Mandatory transition meeting between the Superintendent or designee and building principal

Meeting Date: _____

Approved Rejected Reason (s) _____

Superintendent's Signature _____