

Jackson Center Local School District
204 South Linden Street, Jackson Center, OH 45334
Phone: 937-596-6053 Fax: 937-596-6490

Inter-district Open Enrollment Application 2018-2019

Please complete the following application form, sign it indicating your awareness and understanding of the guidelines, and return it to the Superintendent's office at Jackson Center Local Schools.

_____ New Student Application _____ Sibling of Open Enrolled Student _____ Former JC Resident Student

Student Name (Must be full legal name) Date of Birth SSN

Grade Level for 2018-2019 City of Birth Male ___ Female ___ Mother's Maiden Name

Student lives with: (Name(s)) Address (Street/Road) (PO Box) City Zip

Home Phone Mobile Phone Is this the custodial parent/guardian? Yes or No

If no: _____
Name of custodial parent/guardian(s) Address (Street/Road) (PO Box) City Zip

School District of Residence County of Residence Last School Attended

Is the student enrolled in any special education or tutorial program? Yes or No If yes, please explain program _____

(If you are a new open enrollment student copies of the most recent ETR & IEP or 504 Plan or WEP, or any other pertinent documentation MUST BE PROVIDED WITH this application.)

Has this student been suspended and/or expelled from school during the current or previous school year? Yes or No

If yes, state reason and length of suspension/expulsion _____

Reason you wish for your student to attend Jackson Center Local School District _____

By signing this application, I am requesting that my child be considered for Inter-district Open Enrollment in the Jackson Center Local School District for the 2018-2019 school year. I have read and understand the guidelines, which govern the program, including the need to provide transportation to the school or to a District bus stop on the established District routes to the school. I have also attached proof of residency, attendance records, and a current report card or transcript.

Custodial Parent/Guardian Signature Date

DO NOT WRITE IN THIS AREA - FOR OFFICE USE ONLY

Application received by: _____ Date Received: _____ Time Received: _____

If applicable the following documents were included:
N/A Proof of Residency IEP/ETR, 504, WEP Attendance Records Current Report Card/Transcript

Approved: _____ Denied: _____ Reason Denied: _____

Superintendent's Signature: _____ Date copy sent to parent: _____