

**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 2019-2020**

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 2019-2020                      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: \_\_\_\_\_