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 2021-2022

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

_____ _____ Male ___Female___ _____
Grade Level for 2021-2022 City of Birth Mother's Maiden Name

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

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

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 _____

_____
(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 2021-2022 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: _____