

**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 2025-2026**

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          Mother's Maiden Name

\_\_\_\_\_  
Grade Level for 2025-2026          City of Birth          Male \_\_\_ Female \_\_\_          Ethnic Origin

\_\_\_\_\_  
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 \_\_\_\_\_

*(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 2025-2026 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: \_\_\_\_\_