

COLLEGE CORNER LOCAL SCHOOL DISTRICT

230 Ramsey Street

College Corner, OH 45003

Telephone 765-732-3183 ~ ~ Fax 765-732-3574

INTERDISTRICT OPEN ENROLLMENT APPLICATION

Student _____ Date of Birth _____
first middle last

Student's Social Security Number _____ Application Date _____

City of Birth _____ Mother's Maiden Name: _____

Present Grade _____ Grade Requested _____ School Year Requested _____

Parent/Guardian _____

Address _____ Phone _____
Street City Zip

Current school district of residence _____

Is student enrolled in any special education or tutorial programs? YES NO
(circle one)

If yes, please explain. (If student has IEP, please attach) _____

If requesting specific high school courses (grades 9-12) please list: _____

Reason(s) for transfer _____

Signature of Parent/Guardian _____

Applications must be received in the office of the superintendent between April 21 and June 13. If mailed, please mark the envelope "Open Enrollment". Parent/Guardian will be notified of rejection or acceptance and placement by August 1st.

No student shall be denied admission to College Corner Local School District or to a particular course or program of instruction or otherwise discriminated against for reasons of race, color, national origin, sex, handicap or any other basis of unlawful discrimination.

FOR OFFICE USE ONLY

Received by _____ Date _____ Res. Dist. IRN _____

Approved by _____ Date _____

Reason(s) for rejection _____

Effective date of enrollment change for EMIS records _____ Date enrolled in DASL: _____