TRI-COUNTY NORTH LOCAL SCHOOL DISTRICT

436 N. COMMERCE STREET
LEWISBURG, OHIO 45338
TELEPHONE: (937) 962-2671 FAX: (937) 962-4731

INTERDISTRICT OPEN ENROLLMENT APPLICATION

(ONE PROOF OF RESIDENCY REQUIRED. PLEASE ATTACH.)

Check all that apply: ☐ New Applicant ☐ Former TCN Student ☐ Sibling of Open Enrolled Student ☐ Child of District Employee

Student Information

Student Legal Name:_____ Date of Birth _____/_____/_____
(first) *(middle)* *(last)*

Birthplace City: _____ Gender: ☐ M ☐ F Mother's Maiden Name: _____

Ethnicity: ☐ White ☐ Black/African American ☐ Native Hawaiian/Other Pacific Islander ☐ Asian ☐ American Indian/Alaska Native

Is Student Hispanic/Latino: ☐ Yes ☐ No Student's Social Security Number _____/_____/_____

Grade Level for the **2023-2024** School Year: _____ Effective Date of Open Enrollment Request: _____

Parent Information

Parent/Guardian Name:_____ Email: _____

Address_____ Phone Number: _____
(street) *(city)* *(state & zip)*

School District of Residence: _____ Reason for Transfer Request: _____

Does Student Receive Special Education Services (IEP or 504)? ☐ Yes ☐ No (*If yes, please attach IEP or 504 plan)*

High School – List Specific Courses if Desired: _____

Was the Student Expelled or Suspended in the Past 12 Months? ☐ Yes ☐ No

If *Yes*, When and Why? _____

Signature of Parent/Guardian: _____ Date: _____

Applications must be received in the office of the Superintendent no later than **July 1, 2023**. Parent/Guardian will be notified of rejection or acceptance and placement by **August 1, 2023**. Kindergarten student enrollment limits will be established five (5) days after the opening day of school and parents/ guardians will be notified at that time.

No student shall be denied admission to Tri-County North 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.

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

Received by: _____ Date Received:_____/_____/_____ Time Received: _____ AM/PM

☐ Approved ☐ Denied Superintendent's Signature: _____ Date: _____/_____/_____

Reason for Denial: _____

Effective date of enrollment change for EMIS records: _____/_____/_____