



# 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 **2024-2025** 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, 2024**. Parent/Guardian will be notified of rejection or acceptance and placement by **August 1, 2024**. 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: \_\_\_\_/\_\_\_\_/\_\_\_\_