

Please print.

INTER-DISTRICT OPEN ENROLLMENT APPLICATION

Date _____ Grade Level for 2017-2018 School Year _____

Name of Student _____ Birth Date _____

Parent/Guardian's Name _____ Phone # _____

Cell Phone _____

Address _____ City _____ ZIP _____

Student's Race: Caucasian African-American Hispanic Multiracial Asian Other

Student's Gender: Male Female

School District Student Currently Attends _____ Building _____

School District of Residence _____ Building _____

Special Education Classes/Services Required YES NO Type of Program _____

Has this applicant been expelled or suspended from school YES NO Date of expulsion/suspension _____

Have you previously applied for Open Enrollment? YES NO

I agree to abide by the established procedures for St. Bernard-Elmwood Place City Schools Open Enrollment program.
If my child is approved for the transfer, I know that:

- I must arrange for transportation for him/her.
- I also agree that my child must remain in this alternate school for the entire 2017-2018 school year.
- I further understand that the approval of this application is dependent upon building/program/class capacity, my child's discipline record and the racial balance of the sending and receiving schools.
- I realize that if my child participates in middle school or high school athletics, he/she will be subject to the rules of the Ohio High School Athletic Association and must have a superintendent's letter of release in order to participate in SBEP athletics.
- I understand the superintendent retains the right to approve or deny this application based solely upon extenuating circumstances deemed to be in the best interest of my child and the school district.
- I understand that a conference with the superintendent or designee is necessary prior to acceptance upon appointment only and it is my responsibility to have completed and submitted all required documents. Call 513-482-7121 to schedule a conference.
- I further understand my child must abide by all board policies and school rules, including the Student Code of Conduct while attending school in the District and will be subject to the same penalties and discipline as a resident student.

I certify that all information contained in this application is true and complete, and I understand that the falsification of any of the above information will void this application and/or the enrollment of my child in the St. Bernard-Elmwood Place City Schools.

Signature of Parent/Guardian _____ Date _____

FOR OFFICE USE ONLY

Received by: _____ Date & Time Received: _____

Title _____

Mandatory transition meeting between the Superintendent or designee and building principal

Meeting Date: _____

Approved Rejected Reason (s) _____

Superintendent's Signature _____