

ORRVILLE CITY SCHOOL DISTRICT
815 N. Ella St., Orrville, OH 44667

INTERDISTRICT OPEN-ENROLLMENT APPLICATION
(Applications for Open Enrollment must be submitted each year to the Superintendent's office
beginning March 16 for the next school year)
Please provide proof of residency with application.

Student's Full Name : _____

First Middle Last

Child's Date of Birth: _____

Parent/Guardian's Name: _____

Address: _____

Street Address City State Zip

Phone Number (Home): _____ (Work or Cell) _____

Birthplace City: _____ Native Lang. _____ Race _____ Mother's Maiden Name _____

Is this student Hispanic/Latino? _____

Current district of residence: _____

Current district of attendance: _____

Application year: 2020-2021 Grade for requested year _____

Does the student have an IEP or special education? _____

What Program _____

Has the student been suspended or expelled this semester? _____ Last semester? _____

High school students must list desired classes or vocational program for the year request is being made:

_____; _____; _____;
_____; _____; _____;
_____; _____; _____;

No student shall be denied admission to Orrville City Schools or to a particular course or instructional program or otherwise discriminated against for reasons of race, color, national origin, sex, handicap, or any other basis of unlawful discrimination.

Parent Signature: _____ Date _____

Student Signature: _____ Date _____

NOTE: Please attach a copy of the student's birth certificate, immunization record, and a recent official transcript or grade card. A current IEP or parental custody papers should also be included if applicable. This application will not be processed without these documents unless they are already on file with Orrville City Schools.

(FOR OFFICE USE ONLY)

Received by: _____ Date: _____ Time: _____

Approved by _____ Date Approved: _____

Rejected by: _____ Date Rejected: _____

If Rejected, Reason(s) _____

Letter Sent to Parent: _____ Letter Sent to Resident District _____

Student's SSID # _____ Date Open Enrollment Begins: _____