ORRVILLE CITY SCHOOL DISTRICT INTERDISTRICT OPEN ENROLLMENT APPLICATION 2024-2025 SCHOOL YEAR

Student's Full No	ame:					
	First	Middle		Last		
D.O.B	Ger	Gender: Grade for <mark>2024-2025</mark> :				
Birthplace City:		Language Spoken in the home:				
Home Address:						
	Street Address	PO Box	City	State	ZIP	
Current District o	of Residence:					
Current District o	of Attendance:					
Name of parent	(s)/guardian(s):					
Who has resider	ntial custody? (please in	nclude court documents) _				
Phone:		Email:				
•		NO 504 Plan: YE			NO	
discriminated agair	nst for reasons of race, col	ville City Schools or to a part or, national origin, sex, hand en March 15 th & May 3	dicap, or any othe	r basis of unlawful dis	crimination.	
		, Orrville, OH 44667 or v				
		ents' residency (utility b			nd date to	
Please attach a	copy of the students	c' custody documents (I only) for <mark>new students</mark>	if applicable) (cial	
Parent/Guardia	n Signature:			Date:		
		FOR OFFICE USE ON	NLY			
Received by:		Date:	Time	e:		
Administrator Sig	nature:	Do	te:	Approved	Rejected	
If Rejected, Reas	on(s):					
Letter sent to par	rent:	_ Letter sent to reside	nt district:	SSID:		
Effective Date:						