



Margaretta Local School District  
**INTERDISTRICT OPEN ENROLLMENT**  
**APPLICATION FORM 2018-2019 SCHOOL YEAR**  
 (Rev. 03/18)

*Proof of residency is required for all students so that we can provide this information to your school district of residence. Failure to provide proof, i.e. utility bill, paycheck, etc.) will result in the denial of the student's open enrollment.*

**The enrollment period for inter-district transfers is between April 1 and April 30, 2018.** Applications must be submitted to the Superintendent's office no later than April 30, 2018. Requests will be acted upon (approved or denied) during June with parental acceptance of transfer on or before June 30, 2018; with the exception of kindergarten open enrollment approval, which will occur the first week of August, 2018.

**I. GENERAL INFORMATION**

|  |  |  |   |            |
|--|--|--|---|------------|
| Student's Legal Name   |  | Birthdate                              | Sex<br><input type="checkbox"/> M<br><input type="checkbox"/> F | Home Phone |
| Mailing Address, City, Zip<br><small>Please provide proof of residency that includes name/address of parent.</small> |  |  | School District of Residence                                    |            |
| Grade Level for 2018-2019  | School District Attending in 2017-2018 | School Building Attending in 2017-2018 |   |            |

Yes No

Has the student been suspended or expelled at any time in the 2017-2018 school year or are any current disciplinary proceedings pending that could lead to suspension or expulsion?

Has the student previously attended Margaretta Schools?

Dates: \_\_\_\_\_

Are siblings of the student currently attending Margaretta Local Schools?

Names: \_\_\_\_\_

Are siblings of the student also applying at this time to attend Margaretta Local Schools?

Names: \_\_\_\_\_

Has the student ever been found, by an IEP team, to have a disability?

If yes, does the student have an individualized education program (IEP)?

**NEW APPLICANTS/STUDENTS ONLY: If student has special needs, an I.E.P., or a 504 Plan, please attach copies of all relevant documents. Failure to provide information regarding a special education I.E.P. or 504 Plan may lead to the denial of the student's open enrollment.**

Is the student currently enrolled in Title 1 or another program?

If yes, please explain: \_\_\_\_\_

**II. PARENT/GUARDIAN SIGNATURE AND PERMISSION FOR RELEASE OF RECORDS**

All information is complete and correct. I am the child's parent and legal guardian. My signature indicates that I have read the stipulations of the open enrollment plan and agree to abide by the procedures and policies that have been established. I understand that falsification of any information will result in revocation of student enrollment. This consent is effective until June 1, 2019.

|  |   |      |
|--|---|------|
| Signature of Custodial Parent/Legal Guardian | Custodial Parent/Legal Guardian Name(s) | Date |
|--|---|------|

**III. FOR OFFICE USE ONLY**

|                            |             |  |           |
|----------------------------|-------------|--|-----------|
| Date/Time Received         | Received By | <input type="checkbox"/> Approved<br><input type="checkbox"/> Rejected | Reason(s) |
| Superintendent's Signature |             |  |           |