



HURON CITY SCHOOL DISTRICT  
BOARD OF EDUCATION

2018-2019 OPEN ENROLLMENT APPLICATION  
(Inter-District)

- One application is to be completed for each child to be enrolled.
- Applications for inter-district open enrollment are approved for one school year only.
- **Deadline for applications is June 30, 2018**
- This application must be returned to the Superintendent's Office, 712 Cleveland Rd. E., Huron, Ohio 44839

Student's Legal Last Name \_\_\_\_\_ Legal First Name, \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address of Student \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Student's Date of Birth \_\_\_\_\_ District of Residence \_\_\_\_\_

Parent / Guardian Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Student is new to the district? Yes \_\_\_\_\_ No \_\_\_\_\_

Was student open enrolled last year? Yes \_\_\_\_\_ No \_\_\_\_\_

Was student a resident of the district? Yes \_\_\_\_\_ No \_\_\_\_\_

School attended last year \_\_\_\_\_

Has student been suspended more than 10 days in the last school year? Yes \_\_\_\_\_ No \_\_\_\_\_

Grade Level of student for the upcoming school year \_\_\_\_\_ attending EHOVE? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the student have a current IEP or 504 Plan Yes \_\_\_\_\_ No \_\_\_\_\_

*My signature indicates that I have read the Inter-District Open Enrollment Plan, Guidelines, and Stipulations for Huron City Schools and agree to abide by the procedures and policies that have been established.*

Signature of Custodial Parent /Guardian \_\_\_\_\_

Date: \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year

Reason Open Enrollment is requested \_\_\_\_\_

\_\_\_\_\_

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**FOR OFFICE USE ONLY:**

**DATE & TIME RECEIVED** \_\_\_\_\_ **A.M.** \_\_\_\_\_ **P.M.** \_\_\_\_\_

**Date given to building principal** \_\_\_\_\_

**Approved** \_\_\_\_\_ **Non-Approved** \_\_\_\_\_

**Reason for Non-Approval** \_\_\_\_\_

**Superintendent's Signature**

\_\_\_\_\_ **Date** \_\_\_\_\_