



_____ SCHOOL YEAR
OPEN ENROLLMENT
HURON CITY SCHOOL 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 30th.**
- **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 _____

Is student 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

FOR OFFICE USE ONLY:

DATE & TIME RECEIVED _____ **A.M.** _____ **P.M.** _____

Date given to building principal

Principal Signature

Approved _____ **Non-Approved** _____

Reason for Non-Approval

Superintendent's Signature

_____ **Date** _____

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