



\_\_\_\_\_ 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 30<sup>th</sup>.**
- **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 \_\_\_\_\_

Does Student have siblings in the HCS district? Yes \_\_\_\_\_ No \_\_\_\_\_

Names and grades for siblings attending or planning to attend Huron City Schools through Open Enrollment.

\_\_\_\_\_  
\_\_\_\_\_

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

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**FOR OFFICE USE ONLY:**

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

**Date given to building principal**

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**Principal Signature**

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

**Reason for Non-Approval**

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**Superintendent's Signature**

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