HEATH CITY SCHOOLS

INTER-DISTRICT OPEN ENROLLMENT APPLICATION 2024-2025 School Year

(Required data as per Senate Bill 140 – Inter-District Enrollment)

INLVV ALLEICATION	RENEWAL APPLICATION	l oday's Date: _		
(Deadline is May 24 th 2024)	(Deadline is May 6 th 2024)			
1. Child's Full Name:			Male	Female
(Last)	(First)	(Middle)		
2. Grade Level for 2024-2025	School Year:			
3. Address:				
House# Street/Road Name	P.O. Box# Stat @/t z/ip			
E-mail address:				
4. Parent/Guardian Name(s):		Home Phone		
		Work Phone:		
		Cell Phone:		
5. Student's Birth City:	Date of Birth:			
6. Race: Do you identify as H	ispanic or Latino? yes no			
7. Please check beside the rac	ce with which the student identifies (m	ore than one box may be m	arked):	
Native	Hawaiian or other Pacific Islander	White		
8. Native Language: Eng	glish Spanish Other			
9. Kindergarten experience:	full day half day	none		
10. District of Legal Residence	:			
11. District of Current Enrollm	ent:			
12. Has the student been susp	ended/expelled for a period of 10 or m	nore consecutive days for th	e current	t semester o
-	preceding the term for which admission			
	tion program include an Individualized			
14. Is this child a foster child o	or ward of the court? yes	_ no		

	Last year Open Enrollment student
_	Sibling of last year Open Enrollment student
	New applicant
d	Former Heath resident student
All NEV	V applicants must provide the following documentation with this application:
•	Official Birth Certificate (NOT a hospital record)
•	Immunization Record
•	Parent Photo ID
•	Custody papers (if applicable)
	If you are an appointed guardian or the custodial parent for school purposes, please attach the appropriate
	court documents.
•	Proof of Residency (one of the following required)
	-A current purchase agreement, deed, mortgage or proof from the Licking County Auditor's website OR
	-Current rental contract/lease with the parent/guardian's names, child's name and name and phone number
	of landlord.
•	Current Evaluation Team Report (ETR) and Individualized Education Program (IEP) for special education (if
	applicable)
•	A record of any suspensions or expulsions from the current and/or previous school term
•	Current Grade Card
All for	ms MUST be attached for application to be considered.
All RENEW	AL applicants must provide the following documentation with this application:
•	Proof of Residency (one of the following required)
	- A current purchase agreement, deed, mortgage or proof from the Licking County Auditor's website OR
	- Current rental contract/lease with the parent/guardian's names, child's name and name and phone
	number of landlord.
•	Custody papers (if applicable)
	If you are an appointed guardian or the custodial parent for school purposes, please attach the appropriate
	court documents.
Signature c	of Parent/Guardian
	the Administrative Regulations, the Heath City School District is <u>NOT</u> responsible for providing bus service
	s, outside of the district, attending under the Open Enrollment Policy. Please note that you must apply for
-	Ilment each year and approval is based on student/teacher ratios and other criteria as stated in the
_	Qualified applicants will be admitted based on building, grade level and program capacity. The
•	dent's Office will notify you, in writing, of approval or denial of this request between July 15 th and August fying any information will result in denial or revocation of Open Enrollment.
12tii. <u>raisi</u>	Tying any information will result in demai of revocation of Open Emoliment.
NOTE: In ord	er for this application to be considered for approval, it must be received, with all documentation attached, in the Heath City Schools
District Office	at 107 Lancaster Drive, Heath, Ohio, 43056, by the DEADLINE indicated on page one of this application.
Signature	of Heath City Schools Superintendents
Signature C	f Heath City Schools Superintendent: Date:
Application	is:approved denied
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16. Check which statement applies to your child: