



**EATON COMMUNITY SCHOOL DISTRICT  
INTERDISTRICT OPEN ENROLLMENT STUDENT APPLICATION**

**School Year Applying For: 2019-2020**

**NOTE: This application MUST be submitted to the District Superintendent's Office at  
306 Eaton Lewisburg Rd., Eaton, Oh 45320 by June 1, 2019**

*Complete Student information (Please Print)*

Student's First Name: \_\_\_\_\_ Middle \_\_\_\_\_ Student's Last Name: \_\_\_\_\_

Student's Address: \_\_\_\_\_ City \_\_\_\_\_ State: OH Zip \_\_\_\_\_

**PROOF OF RESIDENCY IS REQUIRED. PLEASE ATTACH.**

Female  Male Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Birthplace City: \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Phone No. \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_ Court/Custody Papers  Yes (attach copy)  No

Ethnicity:  White  Black  Hispanic  Asian/Island Pacific  Native American  Other \_\_\_\_\_

(Mark all that apply) Native Language:  English  Spanish  Japanese  Other \_\_\_\_\_

Home Language:  English  Spanish  Japanese  Other \_\_\_\_\_

*Complete School Information (Please Print)*

Present Grade \_\_\_\_\_ Grade Requested \_\_\_\_\_ Will Student be attending MVCTC?  Yes  No

If requesting specific high school courses (grades 9-12) please list: \_\_\_\_\_

Has student ever been enrolled in Eaton Community Schools?  Yes  No If yes, when \_\_\_\_\_

Current School District of Residence: (Circle One) National Trail Tri County North Twin Valley South Preble Shawnee Talawanda College Corner  
**(Only students from the above abutting school districts will be considered for Open Enrollment)**

Is the student in a special education program?  Yes  No Does student have an IEP/ETR/504Plan?  Yes  No

If yes, please explain: \_\_\_\_\_ and attach IEP/ETR/504.

Has the student ever been suspended and/or expelled or does the student have unresolved discipline issues?  Yes  No

If yes, explain reason for suspension and/or expulsion or discipline \_\_\_\_\_

Do you owe any fees to the previous district that would prevent Eaton Community Schools from receiving grades?  Yes  No

Reason(s) for Open Enrollment Request: \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_ Date: \_\_\_\_\_

- Open Enrollment may impact athletic eligibility. Contact the Athletic Director for details about eligibility.
- This is not a registration form. You must enroll at the Central Office located at 306 Eaton Lewisburg Rd. Call 937-456-1107 for an appointment.
- Applications must be received in the office of the superintendent by **June 1, 2019**. If mailed, please mark the envelope "Open Enrollment". Parent/guardian will be notified of rejection or acceptance by **August 5, 2019** if the request is for the next school year, or within 14 days if the request is during the school year. A basis of acceptance will be determined by class size standards as stated in Board Policy.
- Falsification of any information on this open enrollment form may result in an automatic termination of open enrollment status and denial of future open enrollment applications.
- No student shall be denied admission to Eaton Community School District or to a particular course of program of instruction or otherwise discriminated against for reasons of race, color, national origin, ancestry, sex, handicap, or any other basis of unlawful discrimination.

**DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY**

Received by \_\_\_\_\_ Time \_\_\_\_\_ Date \_\_\_\_\_

**Superintendent's Recommendation:**

Date form received: \_\_\_\_\_ Approved  Denied

Reason for Denial: \_\_\_\_\_

Superintendent Signature: \_\_\_\_\_

Date Parent Copy Sent:  Date Adjacent District Copy Sent:

Date of enrollment change for EMIS  SSID Number