

**Delaware City Schools**

74 W. William St., Delaware, OH 43015

P (740) 833-1100 F (740) 833-1149

Time Stamp (office use only):

_____ Inter _____

_____ Intra _____

Open Enrollment ApplicationStudent Name: _____ DOB: _____
Last name First name Middle name

Grade level: _____ Age: _____ Gender: M F Race (required in order to comply with state law): _____

Has the student been suspended or expelled for 10 or more consecutive days during the current or prior year? __ Y __ N

Does the current School District provide any special educational programming for your child? Yes _____ No _____

Is this student currently attending the school for which open enrollment is being requested? Yes _____ No _____

We reside in this elementary School attendance area:

☐ Carlisle ☐ Conger ☐ Schultz
☐ Smith ☐ Woodward ☐ None

We request that our student attend:

☐ Carlisle ☐ Conger ☐ Schultz ☐ Hayes High
☐ Smith ☐ Woodward ☐ Dempsey Middle _____

Parent/Legal Custodian Name: _____ DCS Employee __ Yes __ No

Address: _____
*Street City State/Zip*Phone: (____) _____ (____) _____ (____) _____
Primary Work Cell

Your current School District based on your address (if outside of DCS): _____

Does this student have a sibling(s) attending the school being requested? Yes _____ No _____

Sibling Name _____ Grade _____ School _____

Sibling Name _____ Grade _____ School _____

By signing below, I have read and understand the following:

- The family is responsible for providing transportation to and from school. The District will not provide transportation.
- Reasonable efforts will be made to allow a child to remain in the requested school for subsequent years, but is not guaranteed. Changes to enrollment/class sizes may result in a future non-approval.
- Reasonable efforts will be made to honor requests that keep siblings together. Enrollment and class size may not allow for such approvals.
- Arrival to school on time is expected and will be monitored along with daily attendance.
- Any changes in your residency or custody must be communicated to your child's school immediately.
- Between district open enrollment window is April 1 – 30.
- Open enrollment is in effect for 1 year.

Parent/Guardian Signature: _____ Date: _____

District Administration Use Only
Recommendation of
Building Principal

_____ Approved

_____ Denied

*Signature*_____
*Date***District Administration Use Only**

_____ Approved with conditions: Academics, attendance, and behavior

_____ Not Approved

Reason: _____

*Superintendent/Designee*_____
Date

OFFICE USE ONLY

OFFICE USE ONLY

1st Contact Date: _____ Initial _____ Return _____ Employee? Y N INTER / INTRA

Student's Name _____ IEP: YES / NO

Siblings: _____

- District/Building last school year: _____
- INTRA OE: Going from _____ to _____ OE Start Date: _____
- Building home in DCS: Closing Date: _____ Move-in Date: _____
- Buying existing home in DCS: Closing Date: _____ Move in Date: _____
- SACC Services needed / Daycare
- NOTES : _____

Res. parent lives in another district? Y N Parent Name: _____

Non Res. Parent will file for Custody if OE is denied? Y N Phone #: _____

Parent/Guardian name, address and phone # that student is living with:

_____ FOR OFFICE USE ONLY: _____

_____ Approved VM Left: _____ Spoke with: _____ Date: _____

_____ Denied Spoke with: _____ Date: _____

_____ OE Cancelled by parent Reason: _____

Registration done? Y N Bldg (s). Contacted: _____ Date: _____

Copied For Stacie: _____ OE Spreadsheet Updated: _____