

INTERDISTRICT OPEN ENROLLMENT APPLICATION
2017-2018

This application must be received by the Superintendent's office of the Buckeye Local School District by Friday, June 2nd, 2017. Requests will be acted upon no later than June 23rd, 2017, and parents will be notified of the approval or denial status by the first week in July. **PRIOR TO THE START OF THE SCHOOL YEAR, YOUR CHILD MUST BE REGISTERED IN HIS/HER DISTRICT OF RESIDENCE.** Kindergarten students must be 5 years of age by August 1st.

Name of student _____ Grade _____ Date of Birth _____

Parent/Guardian's Name _____ Phone _____

Address _____
(street) (city) (zip code)

Presently attending Buckeye: ____yes ____no School District of Residence: _____

Is student enrolled in any special education or tutorial programs? ____yes ____no

If yes, please attach a copy of the current IEP (new applicants only)

Has the student been suspended or expelled for ten (10) consecutive days in this, or the preceding school semester? ____yes ____no

Open enrollment acceptance is for one school year. I assume full responsibility for transporting my child to/from school, or provide adequate supervision for my child at his/her assigned bus stop. I understand approval may be revoked if resident student enrollment exceeds capacity limits by the first week in September. I certify that I am the custodial parent/legal guardian of the above named student and he/she resides with me at the above address. I have registered my child in his/her home district of residence. My signature certifies that I have read and understand the Open Enrollment guidelines.

(e-mail address) (signature of parent/guardian) (date)

(for official use only)

Date received: _____ by: _____ Approved
 Rejected

Signature of official: _____