



TROTWOOD-MADISON CITY SCHOOL DISTRICT

3594 N Snyder Road, Trotwood, OH 45426

Phone: (937) 854-3050 Email: enrollment@trotwood.k12.oh.us

INTER-DISTRICT OPEN ENROLLMENT APPLICATION 2024-2025

The transfer of a student into the Trotwood-Madison City Schools from his/her district of residence shall be accomplished in accordance with the Trotwood-Madison District's Inter-district Open-Enrollment Policies and Guidelines. If you have any questions regarding them, please contact the Student Services office for clarification. Complete the following application form, sign indicating your awareness and understanding of the policies and guidelines, and return to the Trotwood-Madison City Schools' Student Services office **by May 31, 2024**. **Applications will not be accepted after May 31, 2024, unless extenuating circumstances exist.** A decision regarding this application will be made by the building principal, and you will be notified of that decision by mail and/or email.

PLEASE USE BLACK /BLUE INK

Today's Date: _____ Student's Full Legal Name: _____
First Middle Last

Date of Birth: _____ Birth Place City _____ Phone Number (____) _____
Month Day Year

Address: _____
House # Street/Road Name PO Box # City Zip

Parent/Guardian Email address: _____

The following information is required by the United States Department of Education:

Is the student of Hispanic/Latino origin? ☐ Yes ☐ No. At least one race must be chosen: ☐ White ☐ Black or African American
☐ American Indian or Alaskan native ☐ Asian ☐ Native Hawaiian or Other: Pacific Islander ☐ Multi-racial

(NOTE: If ethnicity is not provided, district will use observer identification per state and federal regulations)

Native Language: ☐ English ☐ Spanish ☐ Japanese ☐ Other: _____ ☐ Male ☐ Female

Name of School District of Legal Residence: _____ Grade Level: **2024-2025** _____

Please answer the following questions.

Are **you** able to provide transportation to and from school for your student? ☐ Yes ☐ No

Does the student have an Individualized Education Program (IEP)? ☐ Yes ☐ No if yes, explain: _____

Has the student been suspended or expelled from school for 10 consecutive days or more during the current semester?

☐ Yes ☐ No if yes, explain: _____

Siblings currently enrolled/applying for Open Enrollment at Trotwood? ☐ Yes ☐ No (Separate applications required for each child)

If yes, give names and grade levels: _____

Print Parent/Guardian Name(s): _____

Mother's Maiden Name: _____

Check the box that explains your situation: ☐ Last year open enrollment student ☐ Sibling of last year open enrollment student
☐ New Applicant ☐ Former Trotwood resident student

☐ Current Trotwood student, moving out of Trotwood-Madison School District
Effective date of move: _____

☐ Student Following parent/District Employee
Name of District Employee: _____ (Code 109)

By signing this application, I am requesting that my child be considered for Inter-district Open-Enrollment in the Trotwood-Madison City Schools for the **2024-2025** school year/term. **I HAVE READ AND UNDERSTAND THE POLICIES AND GUIDELINES WHICH GOVERN THE PROGRAM, including the need to provide transportation to the school. Providing inaccurate information on this application will void consideration of your request.**

Legal Parent/Guardian Signature

Date

FOR OFFICE USE ONLY. DO NOT WRITE IN THIS AREA:

To Be Completed by Building Principal

_____ ☐ Approved ☐ Denied Reason (if denied): _____
Date Application Received Time Application Received

Building Principal's Signature: _____ Date: _____

To Be Completed by Building Secretary (DO NOT Leave blank)

Effective Start Date for OE _____ Assigned SSID# _____
Date Notice Sent to Parent

Building Secretary's Signature: _____ Date: _____

To Be Completed by District Superintendent

Superintendent's Signature: _____ Date: _____