

Legal Parent/Guardian Signature

TROTWOOD-MADISON CITY SCHOOL DISTRICT

INTER-DISTRICT OPEN ENROLLMENT APPLICATION - 2022-2023

Date

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 27, 2022. Applications will not be accepted after MAY 27, 2022, 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 American Indian or Alaskan native (NOTE: If ethnicity is not provided, district v Native Language: English Spanis | Asian Native Hawaii | an or Other per state and j | Pacific Islander Multi federal regulations) | |
| Tradive Language | mpapameseother | • | | jiviaiei emale |
| Name of School District of Legal Reside | nce: | | Grade Level: | 2022-2023 |
| Please answer the following question Are you able to provide transportation Does the student have an Individualized Has the student been suspended or exp Yes No if yes, explain | to and from school for your d Education Program (IEP)? pelled from school for 10 co | Yes No | ys or more during the cu | urrent semester? |
| Siblings currently enrolled/applying for | | | | ons required for each child) |
| If yes, give names and grade levels: | | | | |
| , es, 8e | | | | |
| Print Parent/Guardian Name(s): | | | | |
| Mother's Maiden Name: | | | | |
| Check the box that explains your situation | Former Trotw | rood resident sent, moving ou | student It of Trotwood-Madison Scl | hool District |
| By signing this application, I am requesting the 2022-2023 school year/term. I HAVE <u>R</u> need to provide transportation to the scho | that my child be considered fo EAD AND UNDERSTAND THE P | r Inter-district | Open-Enrollment in the Tr | rotwood-Madison City Schools fo |

| FOR OFFICE USE ONLY. DO NOT WRITE IN THIS AREA: | | | | |
|---|-----------|----------------------------|--|--|
| To Be Completed by Building Principal Date Application Received Time Application Received Time Application Received Approved Denied Reason (if denied): | | | | |
| 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 | | |
| | | Date Notice Sent to Parent | | |
| Building Secretary's Signature: | _ Date: _ | | | |
| To Be Completed by District Superintendent | | | | |
| Superintendent's Signature: | _ Date: _ | | | |
| | | | | |