

NORWAYNE LOCAL SCHOOLS
350 South Main Street, Creston, OH 44217
330.435.6382

INTERDISTRICT OPEN ENROLLMENT APPLICATION

*This form is to be used for students residing outside the Norwayne Local School District and must be returned to the Superintendent's Office. **A new application must be submitted each school year.***

This is a: New request Renewal/Continuation Today's date _____

Student - Last name, first name, middle name Date of birth Student's social security number Male Female

Student's city of birth Native language Mother's maiden name SSID# (office use only)

Heritage (check all that apply) Student is: Hispanic/Latino American Indian or Alaska Native

Asian Black or African American Native Hawaiian or other Pacific Islander White

Parent/Guardian's Name _____

Address _____
Street City Zip

Phone _____

Transfer requested for _____ school year Grade level for 2018-19 school yr. _____

Present school district of residence _____ Present Grade Level _____

*Is student enrolled in district of residence? Yes No

Is student enrolled in any special education or tutorial programs? Yes No If yes, please explain

Has the student been expelled and/or suspended for ten (10) consecutive days in this, or the immediately preceding school semester? _____

The Norwayne Local School District will not provide bus transportation for students residing outside the district. Under certain circumstances, the student is not eligible to participate in varsity athletics for one-half of a sports season.

PROOF OF RESIDENCY MUST BE SUBMITTED WITH THIS APPLICATION.

My signature below certifies that I have read and understand the Interdistrict Open Enrollment Regulations and Guidelines. ***I understand that my child must be registered in my home district of residence. I give my permission to have my child's records released to the Norwayne Local School District.** Providing false or misleading information or failure to disclose material facts regarding residence, prior school experience or educational needs of the student will be grounds for refusing or terminating admission.

Signature of Parent or Guardian _____ Date _____

For Norwayne Office Use Only:

Date Received _____ Date Approved _____

Date Rejected _____ Reason(s) _____

Signature of Official _____