

**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 \_\_\_\_\_

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

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

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 2017-18 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 \_\_\_\_\_