

**NEW APPLICANT
OPEN ENROLLMENT APPLICATION
2017-2018
JACKSON CENTER LOCAL SCHOOLS**

Resident School District_____ Date_____

You must be registered in the school district where you reside.
Are you registered in your home district? Yes No

Assigned school building in resident district_____

Legal Name of Student _____
(as on Birth Certificate) First Middle Last

Student Social Security Number _____-_____-_____

Sex_____ Date of Birth_____ Race_____

Native Language _____

Parent/Guardian Name _____

Address _____
 Street P.O. Box # City State Zip Code

Home Phone () _____ Work Phone () _____

Cell Phone () _____

Birth place - city & state _____

Grade 2016-2017 school year _____ Grade 2017-2018 school year _____

Transfer to be effective for _____ school year

Requested date of transfer _____
1st Qtr. 2nd Qtr. 3rd Qtr. 4th Qtr. 1st Semester 2nd Semester

List any special needs _____

Is student enrolled in any special education or tutoring programs? Yes No

If yes, please explain _____

over please

If enrolling for specific high school courses, listed desired classes:

_____ , _____ , _____ , _____

List any siblings currently attending Jackson Center Schools through Open Enrollment.

Please state your reasons for transfer to the Jackson Center Schools _____

Parent Signature _____ Student Signature _____

Submission of Application

Applications must be received in the Superintendent's office, Box 849, 204 S. Linden St., Jackson Center, OH 45334 between the dates of April 1 - August 1. If mailed, mark envelopes OPEN ENROLLMENT.

Assurances

I certify that the information given is true and accurate. I understand that by falsifying or omission of information will result in denial or rescinding of Open Enrollment.

Parent/Guardian Signature _____ Date _____

OFFICE USE ONLY

Received by _____

Date _____ Time _____

Approved by _____ Date _____

Rejected by _____ Date _____

Reason(s) _____

Superintendent's Signature _____