

# Hillsdale Local School District Open Enrollment Application 2024-2025 School Year

Board of Education, Hillsdale Local School District, 479 TR 1902, Jeromesville, 44840  
Student must be enrolled in district of residence to qualify for open enrollment.

District of Residence \_\_\_\_\_

Enrollment date in resident district \_\_\_\_\_

Student's Name \_\_\_\_\_

Address \_\_\_\_\_  
Last First Middle  
Street City State Zip

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade level for 24/25 School Year \_\_\_\_\_

Gender \_\_\_\_\_ Race \_\_\_\_\_ Native Language \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Cell/Home Phone# \_\_\_\_\_ Work Phone # \_\_\_\_\_

Current district/building of attendance: \_\_\_\_\_

Reason(s) for choosing Hillsdale Local School District for open enrollment:  
\_\_\_\_\_  
\_\_\_\_\_

Does the student have an IEP? \_\_\_\_\_ If so, list services received:  
\_\_\_\_\_  
\_\_\_\_\_

Total days suspended/expelled this semester \_\_\_\_\_ last semester \_\_\_\_\_

Please attach a copy of the student's birth certificate, proof of *residence*, current ETR/IEP and custody papers if applicable. **This application will not be processed without these documents.**

These required documents are: attached \_\_\_\_\_ on file \_\_\_\_\_

My signature certifies that I have read and understand the interdistrict Open Enrollment regulations and guidelines. I understand that my child must be registered in my school district of residence. **I have attached proof of residency and proof of custody if applicable.**

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

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(For Office Use Only)

Received by \_\_\_\_\_ Date \_\_\_\_\_

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_ Effective Date \_\_\_\_\_

Reason if not approved: \_\_\_\_\_

Superintendent's Signature \_\_\_\_\_ Date \_\_\_\_\_