

HILLSDALE SCHOOLS
Interdistrict Open Enrollment Application

Note: This application must be returned between March 1 and April 15 to the Board of Education, Hillsdale Schools, 485 TR 1902, Jeromesville, OH 44840 (419-368-8231).

Student's Name _____
Last First Middle

Address _____
Street City State Zip

Student SSI# _____ DOB _____ Race _____ Gender _____

Parent/Guardian Name _____

Home Phone _____ Work Phone _____ Cell _____

Applying for OE beginning _____ school year. Grade Level for requested school year _____

Present School District of Residence _____

Is student enrolled in District of Residence? Yes _____ No _____

School Building presently attending _____

Special Education Program/IEP (if applicable) _____

Total number of days suspended or expelled _____ Total number of days absent _____

Mother's Maiden Name _____ Student's Birth City _____ Native Language _____

Please attach a copy of the student's birth certificate, proof of residence, current 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 _____

(For Office Use Only)

Received _____ Date _____ Time _____

Approved _____ Not Approved _____ Effective Date _____

Reason: _____

Superintendent's Signature _____ Date _____