

WEST HOLMES LOCAL SCHOOL DISTRICT
INTERDISTRICT OPEN ENROLLMENT

JECBB-E

(Residing in a different OHIO school district and enrolling into a West Holmes School)

Each student applying must have their own application submitted.

Date _____ for School Year 2017-18 Building Requested _____

Parents' District of Residence _____ Student's District of Attendance _____

Student's Full Name _____

Student's Date of Birth _____ Birth City _____ Upcoming Year Grade _____

Parent/Guardian's Name _____ / _____
(Mother's Maiden Name)

Parent/Guardian's Home Address _____

Mailing Address (PO Box), if different _____

Contact's Resident Telephone # _____ Cell # _____

Is this student of Hispanic/Latino Heritage? Yes No

Racial group(s) - Checkmark all that apply: American Indian/Alaskan Native Asian

Native Hawaiian/Other Pacific Islander Black or African American White

Primary Language Spoken in Home: English _____ Other, please list - _____

Does the student have an Individual Education Plan for Special Education Service? _____

If yes, what program? _____ What district evaluated this student? _____

Total number of days suspended or expelled this semester, if applicable? _____ Last semester? _____

Gr. K – 5 student building request: 1st Choice _____ 2nd Choice _____ 3rd Choice _____

High School students – If not yet scheduled, please list class or vocational programs requests on back of this form.

*Also note: It is up to the student to get an athletic release if they choose to participate in sports.

Transportation to any school shall be the responsibility of the parent or guardian unless the student can be picked up from and delivered to a stop on the regular transportation schedule.

School-age family members living at this address that are also applying for or already are attending West Holmes Local:

Name: _____ Grade: _____ Name: _____ Grade: _____

Name: _____ Grade: _____ Name: _____ Grade: _____

Name: _____ Grade: _____ Name: _____ Grade: _____

Please return this application to the Board of Education:

West Holmes Local School District 28 West Jackson Street Millersburg, OH 44654-1397

Telephone 330-674-3546; Fax 330-674-2242

This form must be submitted annually, postmarked no earlier than April 1 and no later than April 30 for the upcoming school year. Requests acted upon by the Superintendent by June 30, after recommendation by the principal, if applicable.

Parent Signature _____

Date _____

Student Signature _____

Date _____

(For Office Use Only)
Received by _____ Date _____ Time _____ SSID# _____
Principal's Recommendation _____ Approved by Superintendent/ Designee _____
Rejected by _____
Reason(s) _____

BOARD OF EDUCATION - OFFICE USE

Revised 3/7/17

Parent
Resident District
Attending School