



OPEN ENROLLMENT APPLICATION

2018-2019 School Year

Greeneview Local Schools
 IRN 047266
 4800 Cottonville Rd.
 Jamestown, OH 45335
 (937) 675-2728 fax (937) 675-6807

Date: _____

*Please provide information **EXACTLY** as it appears on the Birth Certificate*

First Name _____ Middle _____ Last Name _____

Birth Date _____ Birth city _____ Gender: M / F GRADE _____

Address _____ Apt. # _____ P.O. Box # _____

City _____ State _____ Zip _____ Race: _____ Hispanic Yes No

Primary Phone # _____ Cell Phone # _____

DISTRICT OF RESIDENCE: _____ IRN: _____

Parent/Guardian Name _____

Who has legal custody: _____ If court documents exist, please provide copy.

Has student received any of the following special services?

Gifted Education Yes No Other: _____

504 Plan Yes No

Individualized Education Plan Yes No If YES, effective date of current IEP: _____

Has student been suspended more than ten (10) consecutive school days during a school year? Yes No

Has the student been expelled from another school district? Yes No

If yes, describe the circumstances: _____

Please identify the status of your request. Check only those that apply to your situation.

New applicant Prior year open enrollment student Former Greeneview student Sibling of prior year Open Enroll student

Consideration for this application is given according to Greeneview Board Policy after April 1st of each year. All applications are on a first come, first serve basis. Deadline for accepting applications is May 30th of each year. Approval/rejected letters will be sent in August of each year.

Your resident district may require registration and/or proof of residency.

I do hereby declare under penalty of law (ORC section 2921.13) that I am the parent or legal guardian and this information is true and correct.

 Parent/Guardian Signature

 Date

FOR OFFICE USE

Received by _____ Date _____ Time _____

Approved _____ Rejected _____

Reason for Rejection _____

Signature of School Official _____