



Marysville Exempted Village School District

Application for Open Enrollment 2019-2020 School Year

The transfer of a student into Marysville School District shall be in accordance with the District's Open Enrollment Policy.

Transportation will NOT be provided by MEVSD for Open Enrolled Students.

- | | |
|--|---|
| <input type="checkbox"/> New Applicant | <input type="checkbox"/> Student was enrolled in the district the previous year |
| <input type="checkbox"/> Sibling is already attending | <input type="checkbox"/> Current Marysville Student moving outside the district |
| <input type="checkbox"/> Parent/Guardian is a MEVSD Employee | <input type="checkbox"/> Parent/Guardian works within the boundaries of MEVSD |

Today's Date: _____ Student's Date of Birth: _____ Student's City of Birth: _____

1. Student's Name: First: _____ Middle: _____ Last: _____ Gender: M / F

2. Parent/Guardian Name: _____ Phone Number: _____

Address: _____ City _____ State _____ Zip _____

3. District of RESIDENCE: _____ County: _____

4. District of CURRENT ENROLLMENT: _____ 2019-2020 grade level: _____

5. Building Requested: _____
Administration can determine building placement depending on enrollment. Are you still interested in open enrollment if requested building is not available? YES / NO Comments: _____

6. Ethnic Composition: (please circle) American Indian Asian Black Hispanic Multiracial White Other

7. Is English your student's primary language? YES / NO If no, what is your student's primary language: _____

8. Has the student been suspended or expelled for 10 consecutive days or more at any one time during the current or previous school year? YES / NO

9. Does the student's education program include and Individualized Education Plan (IEP) or 504? If so, please circle: IEP 504
Parent must provide a current copy of the IEP and/or 504 along with this completed Open Enrollment Form if applicable.

Reason for requesting open enrollment: _____

Signature of Parent/Guardian: _____ Date: _____

Proof of Residency must be returned along with this completed Open Enrollment Form.

RETURN TO: Registration Office
Marysville School District
1000 Edgewood Drive
Marysville, OH 4304

DEADLINE: June 21, 2019

FOR OFFICE USE ONLY

Received: P.O.R.: _____ IEP: _____ 504: _____

Received by: _____ Date: _____ Time: _____

Approved by: _____ Date: _____ Rejected by: _____ Date: _____

Reason: _____