Innovate Collaborate Inspire

Marysville Exempted Village School District

Application for Open Enrollment 2018-2019 School Year

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

___New Applicant **___ Student was enrolled in district the previous year**

___Sibling is already attending **___Current Marysville Student moving outside the district**
___Parent/Guardian is a MEVSD Employee **___Parent/Guardian works within the boundaries of MEVSD**

Today's Date_____Student City of Birth _____Student's Date of Birth_____

1. Student's Name:_____ Gender: M / F
(Last) (First) (Middle)
2. Parent/Guardian Name_____

3. Address_____
(City) (State) (Zip)

4. Home Phone_____ Work Phone_____

5. District of RESIDENCE_____ County_____

6. District of CURRENT ENROLLMENT_____ 2018-2019 grade level _____

7. 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:_____

8. Ethnic Composition: (Please circle)
American Indian Asian Black Hispanic Multiracial White Other

9. Is English your primary language? YES / NO

10. 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

11. Does the student's education program include an Individualized Education Plan (IEP) or 504? If so, please ✓ IEP__ 504__
Parent must provide a current copy of the IEP or 504 by June 21, 2018.

Reason for requesting open enrollment_____

Signature of Parent/Guardian _____

RETURN TO:	Superintendent's Office Marysville School District 1000 Edgewood Dr. Marysville, OH 43040	**DEADLINE:**	June 21, 2018

(For Office Use Only)

Received by: _____ Date: _____ Time: _____

Approved by: _____ Rejected by: _____

_____

Reason:

Copy sent to Resident District: _____/_____/_____ Effective Date: _____/_____/_____
(Date) (Date)

SSID_____

Revised 3/18