

**COLLEGE CORNER LOCAL SCHOOL DISTRICT**

230 Ramsey Street

College Corner, OH 45003

Telephone 765-732-3183 ~ ~ Fax 765-732-3574

**INTERDISTRICT OPEN ENROLLMENT APPLICATION**

Student \_\_\_\_\_ Date of Birth \_\_\_\_\_  
first middle last

Student's Social Security Number \_\_\_\_\_ Application Date \_\_\_\_\_

Present Grade \_\_\_\_\_ Grade Requested \_\_\_\_\_ School Year Requested \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street City Zip

Current school district of residence \_\_\_\_\_

Is student enrolled in any special education or tutorial programs? YES NO  
(circle one)

If yes, please explain. (If student has IEP, please attach) \_\_\_\_\_

If requesting specific high school courses (grades 9-12) please list: \_\_\_\_\_

Reason(s) for transfer \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Applications must be received in the office of the superintendent between April 15 and June 18. If mailed, please mark the envelope "Open Enrollment". Parent/Guardian will be notified of rejection or acceptance and placement by August 1<sup>st</sup>.

No student shall be denied admission to College Corner Local School District or to a particular course or program of instruction or otherwise discriminated against for reasons of race, color, national origin, sex, handicap or any other basis of unlawful discrimination.

**FOR OFFICE USE ONLY**

Received by \_\_\_\_\_ Date \_\_\_\_\_

Approved by \_\_\_\_\_ Date \_\_\_\_\_

Reason(s) for rejection \_\_\_\_\_

Effective date of enrollment change for EMIS records \_\_\_\_\_