

Date received by school office: _____ **2018/2019**

Bucyrus City School District

Application for Inter-District transfer

***INSTRUCTIONS:** The parent/ legal guardian is to complete this application for each student affected and submit it to the Office of the Superintendent for Bucyrus City Schools. Eligibility for enrollment will be determined by the Bucyrus Board of Education Bylaws and Policies Section 5113: The BOE shall permit the enrollment of students from any Ohio district in a school or program of this District, provided each enrollment is in accordance with the laws and regulations of the State concerning Inter-District Open Enrollment, the provisions of this policy, and the administrative guidelines established to implement this policy.*

Student name: _____
(As it appears on Birth Certificate) First Middle Last

Date of birth _____ **City of birth:** _____ **Gender:** _____

Ethnicity:(Check only one) Yes, Hispanic/Latino No, Not Hispanic/Latino

Race: (Check one or more regardless of ethnicity) Asian American Indian/Alaskan Native Black/African American
 Multiracial Native Hawaiian/Pacific Islander White

Present school building attending: _____ **School district of residence** _____

Present grade level: _____ **Anticipated grade level for 2018-2019 school year:** _____

Parent name: _____ **Mother's maiden name** _____

Parent address: _____

Phone number: _____ **Move date/ address effective date:** _____

Is this child in your home through court or foster placement? No Yes (If yes, please provide the most recent signed certified copy of the court order granting custody if you have not already done so.)

Please indicate if the student is presently receiving any of the following special services:

- | | | |
|---|---|--|
| <input type="checkbox"/> Individualized Education Program(IEP) | <input type="checkbox"/> Adapted Physical Education | <input type="checkbox"/> Special Education Tutoring |
| <input type="checkbox"/> 504 Plan | <input type="checkbox"/> Physical Therapy (PT) | <input type="checkbox"/> Tutoring other than Special Education |
| <input type="checkbox"/> Limited English Proficiency Services (LEP) | <input type="checkbox"/> Occupational Therapy(OT) | <input type="checkbox"/> Multi-Factored Evaluation (MFE) |
| <input type="checkbox"/> Gifted Education | <input type="checkbox"/> Speech | <input type="checkbox"/> Other |
| <input type="checkbox"/> Separate Classroom | <input type="checkbox"/> One to one aide | _____ |

School age siblings:

Name _____ Grade _____ for school year 2018/2019

Name _____ Grade _____ for school year 2018/2019

Name _____ Grade _____ for school year 2018/2019

Name _____ Grade _____ for school year 2018/2019

OFFICE USE ONLY APPROVED REJECTED

Comment/ Reason(s):

Superintendent signature: _____ **Date:** _____

SSID # _____ **Effective start date** _____ **Student Attending another district per ORC 3313.64** Yes No

Received by: _____ **Date stamp:** _____

Bucyrus City School District
Parent Agreement to Inter-District Open Enrollment

We, the parents of _____, have applied for open enrollment of our child with the Bucyrus City School District and should the application be granted we agree to the following conditions:

A. Our child may not be admitted or may need to be transferred back to her/ his home school at the end of the semester or the school year, if the maximum number of enrolled students in the classroom or the program he/ she is attending becomes filled by students of that school district or by tuition students.

B. We the parents, shall provide transportation for our child either to the school she/ he will be attending or to a school bus stop, if eligible to ride the bus, within that school district.

C. We the parents, understand that the enrollment is only for this school year, 2018-2019, and **we must submit an application again next year.**

PARENT/GUARDIAN CERTIFICATION:

I state that the information provided is true and correct. I understand that I am to notify Bucyrus City Schools if my and/or my student's address or contact information changes. I am aware that the Bucyrus City School District may use any legal means to verify my residency. I understand that falsification of information may be cause for withdraw of my child from the Bucyrus City School district and subject me to applicable civil and criminal penalties.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

PLEASE RETURN THIS COMPLETED FORM TO:

BUCYRUS BOARD OF EDUCATION

Attention: Felecia Ervin

170 Plymouth St.

Bucyrus, OH 44820

IMMEDIATELY TO ENSURE YOUR CHILD'S ACCEPTANCE