

**Riverside Local School District**  
2096 C.R. 24 South, DeGraff, Ohio 43318  
Phone: 937-585-5981 Fax: 937-585-4599

**Inter-district Open Enrollment Application 2019-2020**

Please complete the following application form, sign it indicating your awareness and understanding of the guidelines, and return it to the Superintendent's Office at Riverside Local Schools, no later than July 12, 2019. A decision will be reached on this application, and you will be notified of that decision by July 26, 2019.

\_\_\_\_\_ New Applicant  
\_\_\_\_\_ Sibling of Open Enrollment Student Last Year  
\_\_\_\_\_ Open Enrollment Student Last Year  
\_\_\_\_\_ Former Riverside Resident Student

\_\_\_\_\_  
Student Name (Must be full legal name) \_\_\_\_\_ Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_  
\_\_\_\_\_  
Race/Ethnic Origin (W,B,H,A,AI,M) \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Grade Level for 2018-2019 \_\_\_\_\_  
\_\_\_\_\_  
City of Birth \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

Student lives with: Name(s) \_\_\_\_\_ Address (street/road) \_\_\_\_\_ (PO Box) \_\_\_\_\_ (City) \_\_\_\_\_ (Zip) \_\_\_\_\_

Is this the custodial parent/guardian? Yes or No If no, name of custodial parent/guardian: \_\_\_\_\_

\_\_\_\_\_  
Home Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_ Mother's Work/Cell \_\_\_\_\_ Father's Work/Cell \_\_\_\_\_

\_\_\_\_\_  
School District of Residence \_\_\_\_\_ County of Residence \_\_\_\_\_ Last School District Attended \_\_\_\_\_

Is the student enrolled in any special education or tutorial program? Yes or No If yes, please explain program \_\_\_\_\_

*(If you are a new open enrollment student copies of the most recent ETR & IEP or 504 Plan, or WEP, or any other pertinent documentation MUST BE PROVIDED with this application.)*

Has the student been suspended and/or expelled from school during the current or previous school year? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, state reason and length of suspension/expulsion. \_\_\_\_\_

Reason you wish for your student to attend Riverside Local School District \_\_\_\_\_

*By signing this application, I am requesting that my child be considered for Inter-district Open Enrollment in the Riverside Local School District for the 2019-2020 school year. I have read and understand the guidelines, which govern the program, including the need to provide transportation to the school or to a District bus stop on the established District routes to the school. I have also attached proof of residency, attendance records, and a current report card or transcript if this is my first time applying for open enrollment.*

\_\_\_\_\_  
Custodial Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**DO NOT WRITE IN THIS AREA – FOR OFFICE USE ONLY**

Application received by: _____	Date Received: _____	Time Received: _____
If applicable the following documents were included: <input type="checkbox"/> N/A <input type="checkbox"/> Proof of Residency <input type="checkbox"/> IEP/ETR, 504, WEP <input type="checkbox"/> Attendance Records <input type="checkbox"/> Current Report Card/Transcript		
Approved: _____	Denied: _____	Reason Denied: _____
Superintendent's Signature: _____	Date copy sent to parent: _____	