

**ROSS LOCAL SCHOOL DISTRICT**

**Application for Intradistrict Open Enrollment**

*Completed forms must be submitted by the Parent/Guardian of the student to the home (neighborhood) school principal by April 8*

Student Name: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home School (check): \_\_\_\_\_ Elda \_\_\_\_\_ Morgan \_\_\_\_\_ Ross Middle School

Information from the most recent school year: 20\_\_\_\_ - 20\_\_\_\_

School Attended: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Was your child provided services under a special education I.E.P.? \_\_\_\_\_ Yes \_\_\_\_\_ No

Was your child suspended or expelled for 10 consecutive days or more? \_\_\_\_\_ Yes \_\_\_\_\_ No

Was your child promoted to the next grade at year end? \_\_\_\_\_ Yes \_\_\_\_\_ No

Information for the upcoming school year: 20\_\_\_\_ - 20\_\_\_\_

School Requested: \_\_\_\_\_ Grade Level: \_\_\_\_\_

If transfer is approved, can you provide transportation for your child? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please summarize the reason(s) you are requesting this transfer:

I have read or been informed about the intradistrict open enrollment plan for the Ross Local School District and agree to abide by the policies and regulations that have been established. My signature indicates that I understand open enrollment transfer is approved for **only one year** at a time.

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

\*\*\*\*\*

(OFFICE USE ONLY)

Date Received: \_\_\_\_\_

\_\_\_\_\_ Approved \_\_\_\_\_ Disapproved

Time: \_\_\_\_\_

Reason for Disapproval: \_\_\_\_\_

Received by: \_\_\_\_\_

\_\_\_\_\_  
Signature Date