

**ELIDA LOCAL SCHOOLS
OPEN ENROLLMENT APPLICATION**

Deadline: April 30th

Today's Date _____

Student Name _____ New Applicant or Renewal _____

School Year Applying For 20__-20__ Student Date of Birth _____ Grade Level Applying For _____

**New applicants must also submit proof of residency with application in order to be considered. (See Back)*

Last School Attended _____ Sex: Male or Female _____

Has student ever been enrolled at Elida Local Schools? _____ If so, when? _____

Please list all school aged siblings:

Name _____ Grade _____ Currently Enrolled at Elida School ___Yes ___No

Name _____ Grade _____ Currently Enrolled at Elida School ___Yes ___No

Name _____ Grade _____ Currently Enrolled at Elida School ___Yes ___No

Name _____ Grade _____ Currently Enrolled at Elida School ___Yes ___No

Parent/Guardian Name _____ Phone No. _____

Parent/Guardian Address _____ City _____ State _____ Zip _____

Current District of Residence _____ Current Grade Level _____

Is student enrolled in special education, tutorial programs, or specialized programs of any type? _____

If yes, please explain: _____

Has student been suspended or expelled for ten consecutive days during the current or preceding school term? _____ If yes, please explain: _____

Are special circumstances that should be considered in the evaluation of this application? _____

If yes, please explain: _____

ONE APPLICATION must be submitted **EACH YEAR** for **EACH STUDENT** requesting an interdistrict transfer.

Return completed applications to the Superintendent's office at: Elida Local Schools, 4380 Sunnydale, Elida, Ohio 45807

My/our signature(s) indicate(s) awareness that completion of this application DOES NOT provide permission to change district attendance. It is merely a request to do so.

My/our signature(s) indicate(s) that administrators of our district and the district where attendance is desired may exchange any and all information and records relative to my/our child.

PARENT/GUARDIAN SIGNATURE(S):

_____ Date _____

(For office use only)

Superintendent's Signature _____ Date _____ Approved ___ Denied ___

Date Application Received _____ Open Enrollment Effective Date: _____

ACCEPTABLE ITEMS OF PROOF OF RESIDENCY

Proof of residency is required for all students. Elida Local Schools accepts the following items as acceptable forms of address proof:

If Parent/Guardian Own or Rent Their Residence:

Parent/guardian must present 1 item from Category A and 1 item from Category B.

Category A:

1. Copy of mortgage/deed or auditor information from website
2. Lease/rental agreement

Category B: - All items must have parent/guardian name and be less than 30 days old.

1. Copy of current utility bill - Example: electric, gas, water, sewer, cable
2. Business mail - Example: Pay stub, monthly bank statement, official document from a government agency.
3. Other items as approved by the Principal or Superintendent.

If the parent/guardian is living with someone and has no lease/rental agreement in their name:

Parent /Guardian must provide the following:

1. An Elida Local Schools Residency Affidavit signed and notarized from the property owner as well as the parent/guardian of the student.
2. A copy of the mortgage/deed; lease/rental agreement or auditor information in the name of the owner/renter they are living with.
3. A copy of business mail showing the address in the name of the parent/guardian - Example: Pay stub, monthly bank statement, official document from a government agency. Items must be dated within the past 30 days.

Unacceptable proof of address includes: tax forms, junk mail, driver's license and items greater than 30 days old.

Parents/guardians must keep the school informed of any address changes that occur and submit the required documentation to ensure that the student(s) are eligible for continued enrollment. Neglecting to update address changes could result in the immediate withdrawal of student(s).

Proof of Residency Information taken from form 5111 F10

Proof of Residency Revised 4/16/16