



NEW MIAMI LOCAL SCHOOL DISTRICT

OPEN ENROLLMENT APPLICATION

ALL STUDENTS MUST PROVIDE A CURRENT TRANSCRIPT OR A REPORT CARD.

Application Date: _____ New Returning

Name of Student _____

Student's Date of Birth _____ Race _____

Grade Level: _____ for _____ school year. Gender: Male Female

Last school attended _____

Home School On-line School _____
Name of School Name of Home School or On Line School

Parent/Guardian's Name _____

Address _____

City / State / Zip _____

Home / Cell number _____ Work number _____

Who has legal custody?
 Both Parents Mother Only Father Only Court Placed Other _____

Please list any siblings at New Miami and grade: _____

School District of Residence (check): Edgewood Fairfield Hamilton Talawanda
 Other _____

Is your child eligible for Special Education services, speech therapy or have an IEP? Yes No

Has this student been suspended or expelled from school during the current or previous school year? Yes No

If yes, for how many days and reason: _____

Parent / Guardian Signature _____

For Office Use Only

Received by _____ Date _____ Time _____

Approved by _____ Date _____

Rejected by _____ Date _____

Reason _____

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