

# The Amherst Schools

550 Milan Ave, Amherst, Ohio 44001

(440) 988-4406

## INTERDISTRICT OPEN ENROLLMENT APPLICATION RELEASE OF SCHOOL RECORDS AUTHORIZATION

2023-2024

Please Print All Information

Date \_\_\_\_\_

Name of Student: \_\_\_\_\_ Birthdate \_\_\_\_\_  
(Student must be five years of age by August 1<sup>st</sup> to enroll in kindergarten)

Sex \_\_\_\_\_ Ethnicity \_\_\_\_\_ Current Grade \_\_\_\_\_ Grade Next Year \_\_\_\_\_ JVS \_\_\_\_\_

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

Contact Person at Previous School \_\_\_\_\_ Phone Number of Previous School \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Is student enrolled in a special education or tutorial program? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, does your child receive services for - Speech: Yes \_\_\_\_\_ No \_\_\_\_\_, Occupational Therapy: Yes \_\_\_\_\_ No \_\_\_\_\_,

Physical Therapy: Yes \_\_\_\_\_ No \_\_\_\_\_, Special Transportation: Yes \_\_\_\_\_ No \_\_\_\_\_

If enrolling for high school, list special courses/classes desired:

\_\_\_\_\_

RELEASE OF RECORDS AND INFORMATION AUTHORIZATION IS GRANTED TO AMHERST SCHOOLS FOR THE STUDENT LISTED ABOVE WITH THE FOLLOWING SIGNATURE ON THIS APPLICATION:

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

*A typed signature replaces a handwritten signature and is legally binding.*

**Inaccurate or incomplete information provided may disqualify the application for approval**  
**One application must be filed for each student.**

**If you are accepted in the Amherst Schools and plan to use our district transportation, please contact the Transportation Supervisor at 440-988-2633 for possible options regarding transportation for your student(s). The supervisor will be able to instruct you to the appropriate bus stop and transportation policies for your child/children.**

**STUDENTS WILL BE APPROVED FOR ONE SCHOOL YEAR ONLY AND MUST REAPPLY**

**ANNUALLY FOR REVIEW AND APPROVAL**

(For Office Use Only)

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Approved by: \_\_\_\_\_

Your request may be given preference for the following reasons according to guidelines adopted by the Amherst Exempted Village Board of Education on May 24, 1993. Please feel free to attach a letter or other information to this application detailing your reasons for wishing admittance to the Amherst Schools.

- \_\_\_\_\_ Present Open Enrollment Student
- \_\_\_\_\_ Employee of the Amherst E.V. School District
- \_\_\_\_\_ Former District Resident with students enrolled
- \_\_\_\_\_ Brother/sister of Open Enrollment Student
- \_\_\_\_\_ Parent(s) are Alumni of the Amherst Schools (List year of graduation and former address)
- \_\_\_\_\_ Grandchild of Amherst residents (list name, address and phone)
- \_\_\_\_\_ Other (please list reason)

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No student shall be denied admission to the Amherst Exempted Village School District or to a particular course or instructional program or otherwise discriminated against for reasons of race, creed, national origin, sex, handicap and/or any other basis of unlawful discrimination.