



SIDNEY CITY SCHOOLS

INTER-DISTRICT OPEN ENROLLMENT APPLICATION

School Year 2023-2024

For students who live OUTSIDE the Sidney School District

Student Information - Please Print

First Name: _____ Middle : _____ Last Name: _____

Grade Level for 2023-2024: _____ Male Female

Date of Birth: ____/____/____ Birth City, State: _____

Address: _____ City: _____ Zip: _____

Phone: _____

Race: _____ Hispanic/Latino: Yes No Native Language: _____

Parent/Guardian: _____ Lives w/ Family: Yes No

Parent/Guardian: _____ Lives w/ Family: Yes No

School Information - Please Print

School District of Legal Residence: _____

Most Recent School Attended: _____

Reason for Request: _____ If due to move, when did you move? _____

Is the student enrolled in any special education programs? Yes No

If Yes, please explain: _____

Has the student been suspended for 10 days or expelled during the current or previous school term? Yes No

If Yes, please explain: _____

Legal Parent/Guardian Signature: _____ Date: _____

OFFICE USE ONLY. DO NOT WRITE IN THIS AREA.

Received by: _____ Date: _____

Principal Signature: _____ Date: _____

Approved Denied Reason if Denied: _____

Effective Date for Open Enrollment: _____ SSID #: _____

Please return form to the Board of Education Office:
750 S. Fourth Ave., Sidney, OH 45365 | 937.497.2200