Hillsboro City Schools
Central Registration Office
39 Willettsville Pike
Hillsboro, Oh 45133
937-393-3475

OPEN ENROLLMENT APPLICATION

Open Enrollment Application for school year _____ Grade Level _____ DOB_____

Name of Student_____SS#_____

Address*_____

*Attach copy of recent utility bill or other proof of residency document

Parent or Guardian_____

Home Phone #_____ Cell # _____ Work # _____

Building/School Presently Attending _____

Present School District of Residence _____

Yes ☐ No ☐ Is the student enrolled in any special education programs or has the student been evaluated or referred for special education?
If yes, explain_____

Yes ☐ No ☐ Has the student been suspended for 10 or more consecutive days or expelled during this or the previous semester?
If yes, explain_____

Why are you applying for open enrollment for your child? _____

_____

- *Applications must be received by HCS Central Registration between April 1st and July 1st*
- *Application will be acted upon no later than August 1st.*

Parent/Guardian Signature_____Date_____

Do Not Write Below this Line-Office Use Only

Received by_____Date_____Time_____

Principal _____ Date_____

Superintendent _____ Date_____

_____

Application Approved_____ Application Rejected _____

Reason for rejection:_____

_____