

JACKSON-MILTON LOCAL SCHOOL DISTRICT
2024–2025
OPEN ENROLLMENT APPLICATION

Check One: New Application _____ Re-Application _____ (**Complete Application Only.** If no changes in the last year, no further documentation required)

Name of Student _____ Date Submitted _____

Custodial Parent/Guardian _____

Address _____

Home Telephone _____ Work Telephone _____

Grade Level of Student Next School Year _____ Does Student Have an IEP? _____

School District of Resident _____ School Last Attended _____

Name of Siblings and Grade Level: _____ _____ _____	 	If enrolling for special high school courses or special education courses, Please list the desired classes: _____ _____ _____
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Answer – YES or No

- A. _____ Does parent or guardian work for the Jackson-Milton Board of Education?
- B. _____ Do grandparents or relatives reside in the Jackson-Milton School District?
Name _____
- C. _____ Does either parent work in the Jackson-Milton Community?
Company Name _____
- D. _____ Is parent(s) a graduate of Jackson-Milton? Year _____

I understand that I must submit copies of the following information in order for this application to be complete and acceptable:

1. Birth certificate of child being enrolled
2. Proof of grade placement – current report or school records
3. Proof of child custody or guardianship (if applicable)
4. Proof of immunization

Please circle and attach photocopies of appropriate documentation – one from each column:

Column 1

Column 2

- | | |
|---|---|
| <ol style="list-style-type: none">1. House closing papers2. Deed3. Mortgage documents4. Building permit(s)5. Rental agreement/lease6. Notarized Parent Residency Affidavit
(on back) | <ol style="list-style-type: none">1. Two current utility bills2. Two current charge statements3. Drivers license4. Tax statement |
|---|---|

I UNDERSTAND THAT THE FALSIFICATION OF ANY OF THE ABOVE INFORMATION WILL VOID THEIR OPEN ENROLLMENT APPLICATION. PLEASE TURN IN THE APPLICATION TO THE PRINCIPAL OF THE JACKSON-MILTON SCHOOL BUILDING THE STUDENT WOULD LIKE TO ATTEND.

SIGNATURE – CUSTODIAL PARENT/GUARDIAN

State of Ohio)
)
County of Mahoning)

I, _____, having been duly sworn and deposed, hereby state and affirm the following:

1. I am the parent of _____
2. I have legal custody of my above-named child, and s/he presently resides with me.
3. My "legal residence" (address) is

(Street Number and Street) (City) (State) (Zip Code)

4. For purpose of Affidavit, I intend the term "legal residence" to refer to the location where I eat my meals, sleep on a regular basis, receive my mail, and, if applicable, where I am registered to vote.
5. I am the owner/lessee of the address specified above.

FURTHER AFFIANT SAYETH NAUGHT.

_____, Affiant

Sworn to before me and subscribed in my presence this _____ day of _____, 20_____.

Notary Public

NOTICE: READ CAREFULLY – Knowingly falsifying this document is a violation of Ohio Revised Code Section 2921.13(A) which is a FIRST DEGREE MISDEMEANOR punishable by a prison return of six (6) months and/or a fine of up to \$1,000.00. Further the Affiant will be charged (and prosecuted in court, if necessary) to collect all back tuition to the Jackson-Milton Local Schools for all days my child(ren) illegally attended school.

For Office Use Only

Received by _____ Date _____ Time _____

Principal's Recommendation: Approved _____ Deny _____

Reason(s): _____

Principal Signature/Date: _____

Superintendent's Decision: Approved _____ Deny _____

Signature/Date: _____

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