

**EATON COMMUNITY SCHOOL DISTRICT  
INTERDISTRICT OPEN ENROLLMENT STUDENT APPLICATION  
School Year Applying For: 2024-2025**

**NOTE: This application MUST be submitted to the District Superintendent's Office  
at 306 Eaton Lewisburg Rd., Eaton, Oh 45320 by June 1, 2024**

**Complete Student information (Please Print)**

Student's First Name: \_\_\_\_\_ Middle \_\_\_\_\_ Student's Last Name: \_\_\_\_\_

Student's Address: \_\_\_\_\_ City \_\_\_\_\_ State: OH Zip \_\_\_\_\_

**PROOF OF RESIDENCY IS REQUIRED ANNUALLY. PLEASE ATTACH.**

\_\_\_\_\_ Female \_\_\_\_\_ Male Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Birthplace City: \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_ Email \_\_\_\_\_

Phone No. \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_ Court/Custody Papers \_\_\_\_\_ Yes (attach copy) \_\_\_\_\_ No

Ethnicity: \_\_\_\_\_ White \_\_\_\_\_ Black \_\_\_\_\_ Hispanic \_\_\_\_\_ Asian/Island Pacific \_\_\_\_\_ Native American Other \_\_\_\_\_  
(Mark all that apply)

Native Language: \_\_\_\_\_ English \_\_\_\_\_ Spanish \_\_\_\_\_ Japanese \_\_\_\_\_ Other \_\_\_\_\_

Home Language: \_\_\_\_\_ English \_\_\_\_\_ Spanish \_\_\_\_\_ Japanese \_\_\_\_\_ Other \_\_\_\_\_

**Complete School Information (Please Print)**

Present Grade \_\_\_\_\_ Grade Requested \_\_\_\_\_ Will Student be attending MVCTC? \_\_\_\_\_ Yes \_\_\_\_\_ No

If requesting specific high school courses (grades 9-12) please list: \_\_\_\_\_

Has student ever been enrolled in Eaton Community Schools? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, when \_\_\_\_\_

Current School District of Residence: \_\_\_\_\_

Is the student in a special education program? \_\_\_\_\_ Yes \_\_\_\_\_ No Does student have an IEP/ETR/504Plan? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_ and attach IEP/ETR/504.

Has the student ever been suspended and/or expelled or does the student have unresolved discipline issues? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain reason for suspension and/or expulsion or discipline \_\_\_\_\_

Do you owe any fees to the previous district that would prevent Eaton Community Schools from receiving grades? \_\_\_\_\_ Yes \_\_\_\_\_ No

Reason(s) for Open Enrollment Request: \_\_\_\_\_

Do you have any other children attending Eaton Schools through Open Enrollment? If yes, list names \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_ Date: \_\_\_\_\_

- Open Enrollment may impact athletic eligibility. Contact the Athletic Director for details about eligibility.
- This is not a registration form. After you have been approved, please visit [www.eaton.k12.oh.us](http://www.eaton.k12.oh.us) for enrollment instructions or call 937-456-1107.
- Applications must be received in the Office of the Superintendent by **June 1, 2024**. If mailed, please mark the envelope "Open Enrollment." Parent/guardian will be notified of rejection or acceptance by **August 5, 2024** if the request is for the next school year, or within 14 days if the request is during the school year. Basis of acceptance will be determined by capacity limits by grade, school building, and educational programs as stated in Board Policy.
- Falsification of any information on this open enrollment form may result in an automatic termination of open enrollment status and denial of future open enrollment applications.
- No student shall be denied admission to Eaton Community School District or to a particular course of program of instruction or otherwise discriminated against for reasons of race, color, national origin, ancestry, sex, handicap, or any other basis of unlawful discrimination.

**DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY**

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

**Superintendent's Recommendation:**

Date form received: \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Superintendent Signature: \_\_\_\_\_

Date Parent Copy Sent: \_\_\_\_\_ Date Resident District Copy Sent: \_\_\_\_\_

Date of enrollment change for EMIS \_\_\_\_\_ SSID Number \_\_\_\_\_