

**INTERDISTRICT OPEN ENROLLMENT APPLICATION**  
**New Applicants**  
**2024-2025**

This application must be received by the Superintendent's office of the Buckeye Local School District by **June 3rd 2024**. Requests will be acted upon no later than July 1st, and parents will be notified of the approval or denial status prior to August 1st 2024. **PRIOR TO THE START OF THE SCHOOL YEAR, YOUR CHILD MUST BE REGISTERED IN HIS/HER DISTRICT OF RESIDENCE.** Kindergarten students must be 5 years of age by August 1st. Current open enrollment students will be given preference to continue their education at Buckeye Local Schools **Please mail to Buckeye Board of Education ATTN: Stephanie Lichty 3044 Columbia Rd. Medina, OH 44256 or scan and email to [slichty@buckeyeschools.org](mailto:slichty@buckeyeschools.org).** Please include a proof of residency (utility bill, mortgage/lease statement) along with this application.

Name of student \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ (street) (city) (zip code)

Presently attending Buckeye:  yes  no School District of Residence: \_\_\_\_\_

Is the student enrolled in any special education or tutorial programs (please circle)?  yes  no

If yes, please attach a copy of the current IEP

Has the student been suspended or expelled for ten (10) consecutive days in this, or the preceding school semester (please circle)?  yes  no

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Open enrollment acceptance is for one school year. I assume full responsibility for transporting my child to/from school, or provide adequate supervision for my child at his/her assigned bus stop. I understand approval may be revoked if resident student enrollment exceeds capacity limits by the first week in September. I certify that I am the custodial parent/legal guardian of the above named student and he/she resides with me at the above address. I have registered my child in his/her home district of residence. My signature certifies that I have read and understand the Open Enrollment guidelines.

\_\_\_\_\_  
(e-mail address) (signature of parent/guardian) (date)

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(for official use only)

Date received: \_\_\_\_\_ Received by: \_\_\_\_\_

Signature of official: \_\_\_\_\_ Accepted Rejected

No student shall be denied admission to the Buckeye Local School District based on reasons of race, color, national origin, sex, handicap, or any other basis of unlawful discrimination.