



SIDNEY CITY SCHOOLS

INTER-DISTRICT OPEN ENROLLMENT APPLICATION

School Year 2024-2025

For students who live OUTSIDE the Sidney School District

Student Information - Please Print

First Name: _____	Middle : _____	Last Name: _____
Grade Level for 2024-2025: _____	___ 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	
Please print		
Parent/Guardian: _____	Lives w/ Family: ___ Yes ___ No	
Please print		

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