

Rank _____

**ASHLAND CITY SCHOOLS
2024/25 INTRADISTRICT OPEN ENROLLMENT APPLICATION
(All questions must be answered for this application to be processed)**

Student's Name _____ Grade for 24/25 School Year _____

Address _____ Phone _____

Student's Building of Attendance in 23/24 _____ Student's Home School _____

Does the student have an IEP for special education? _____ What Program? _____

Parent/Guardian _____

Please list your building choice and summarize the reason you are requesting Open Enrollment:

Transportation is **NEITHER REQUIRED NOR GUARANTEED** for students accepted for intradistrict open enrollment. Are you willing and able to provide transportation if the district cannot provide transportation on a normal bus route schedule?

_____ Yes _____ No

I have read the guidelines of the intradistrict open enrollment plan and agree to abide by the procedures and policies that have been established.

Signature of Parent/Guardian

Date

THIS APPLICATION MUST BE SUBMITTED BY MAIL AND POSTMARKED BETWEEN APRIL 1, 2024 AND MAY 1, 2024. APPLICATIONS POSTMARKED AFTER MAY 1ST WILL NOT BE ACCEPTED.

Please mail to:

Ashland City Schools
Open Enrollment Office
P.O. Box 160
Ashland, Ohio 44805

Requests will be acted upon no later than June 15th.