



**BROOKLYN CITY SCHOOL DISTRICT  
INTER-DISTRICT OPEN ENROLLMENT APPLICATION  
2025-2026 SCHOOL YEAR**

Student Name \_\_\_\_\_ Returning Student \_\_\_ Yes \_\_\_ No  
 New Application \_\_\_ Yes \_\_\_ No  
 District of Residence \_\_\_\_\_ Grade-Level Requested for 25/26 SY \_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Student Resident Address \_\_\_\_\_  
 City \_\_\_\_\_, Ohio Zip \_\_\_\_\_ Home/Cell # \_\_\_\_\_  
 Parent/Guardian \_\_\_\_\_ Parent/Guardian \_\_\_\_\_  
 Address \_\_\_\_\_ Address \_\_\_\_\_  
 Home/Cell # \_\_\_\_\_ Home/Cell # \_\_\_\_\_  
 Email \_\_\_\_\_ Email \_\_\_\_\_

Is there a custodial agreement in place for this student? \_\_\_ Yes \_\_\_ No (if yes, attach a copy custodial agreement)  
 Does your child have a 504 Plan? \_\_\_ Yes \_\_\_ No (if yes, attach a copy of 504 Plan)  
 Does your child have an Individual Education Plan? \_\_\_ Yes \_\_\_ No (if yes, attach a copy of IEP)  
 Is the student in the Gifted Program? \_\_\_ Yes \_\_\_ No (if yes, attach a copy of Written Acceleration Plan)  
 Has the student been suspended/expelled during the present and/or previous school term? \_\_\_ Yes \_\_\_ No  
 If yes, attach copies of suspension/expulsion record(s).  
 Does the student have a sibling currently enrolled in the Brooklyn City School District? \_\_\_ Yes \_\_\_ No  
 Does the student have a sibling(s) applying? \_\_\_ Yes \_\_\_ No (if yes, please list below)

<u>Name(s)</u>	<u>Grade(s) Requested (25/26 SY)</u>
_____	_____
_____	_____
_____	_____
_____	_____

*Applications for Open Enrollment Inter-District transfers are approved for One (1) academic year and applicants must reapply for each successive year. Completed applications must be submitted by May 15th for consideration of each school year. Applications will NOT be considered for open enrollment without ALL required documents. Your student should remain enrolled at their current school district until you have received formal acceptance of open enrollment from the Superintendent.*

**[FRONT COVER APPLICATION MUST BE FILLED OUT FOR EACH STUDENT APPLYING FOR INTER-DISTRICT OPEN ENROLLMENT]**

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_



You must be a resident of Ohio and the residential parent or legal guardian of the child in order to complete the registration process. Please read the directions below carefully.

#### REQUIRED DOCUMENTS for ALL NEW STUDENT ENROLLMENT APPLICATIONS:

The following documents are required to be submitted as part of the registration process:

- Photo copies of all documents are required for the application to be considered complete and processed. All documents must be turned in to the Brooklyn Board of Education Office; 9200 Biddulph Road, Brooklyn, Ohio 44144
  
- Birth Certificate
- Custody/Guardianship Papers (if applicable) signed, with court stamp
- Immunization Records
- Parent/Guardian Identification; Driver's License or Picture ID
- Physical Packet (Kindergarten only)
- Home Language Survey
  
- School Records
  - Current official transcript or record of achievement (1st-12th grade)
  - Current school year attendance record
  - If applicable-
    - Current signed ETR (\_\_\_\_ not applicable)
    - Current signed IEP (\_\_\_\_ not applicable)
    - Current signed 504 Plan (\_\_\_\_ not applicable)
    - Current signed Written Education Plan (WEP - Gifted) (\_\_\_\_ not applicable)
    - Record of any suspensions or expulsion records (\_\_\_\_ not applicable)
  
- Proof of Residency - All items requested must be provided at time of registration.
  - Home Owners
    - Deed, Title, Truth in Lending or Mortgage Statement
    - 2 current utilities – All mail must be dated within 30 days of the registration appointment
  
  - Renters
    - Current, valid signed lease/rental agreement (preferred) or Owner Affidavit in place of lease (must be completed and signed by landlord/owner of home AND notarized)
    - 2 current utilities or 2 forms of mail in your name. – All mail must be dated within 30 days of the registration appointment



- ❖ *Acceptable forms of mail if utilities cannot be provided - cell phone bill, cable bill, car insurance, renter insurance, life insurance, bank statement, pay stub, county, state or government correspondence, medical statement, tax statement, etc.*
  - ❖ *Approved transfers from outside the district MUST accept primary responsibility for transportation to assigned school buildings.*
  - ❖ *Should a student move to a new residence during the school year, the family must immediately (within ten (10) days) notify the secretary of the building in which the child attends.*
  - ❖ *Falsification of information will result in the rejection or rejection of the interdistrict open enrollment request.*
  - ❖ *Determination notices will be mailed by June 15 with further directions on how to officially enroll student(s).*
- I acknowledge that I have received a copy of the Interdistrict Open Enrollment Administrative Guidelines for the 2025-2026 school year.

Parent/Guardian Signature: \_\_\_\_\_

Date \_\_\_\_\_

**FOR OFFICIAL USE ONLY:**

Completed Application: \_\_\_\_\_ Received \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Action Taken: \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

District Official Reviewed: \_\_\_\_\_

Date: \_\_\_\_\_



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(Adult)

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(Adult)

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(Adult)

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(Child)

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(Child)

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(Child)

# Language Usage Survey

Parents and Guardians: Ohio schools, in accordance with [The Every Student Succeeds Act](#), request all families complete a language usage survey when they enroll their student in school. This information will help school staff understand your child’s language background and your family’s preferred language communications to best support your child’s learning. The information is not used to identify immigration status.

**Student name (First and Last):** \_\_\_\_\_

**Student date of birth (mm/dd/yyyy):** \_\_\_\_\_

<p><b>Communication Preferences</b> <i>Indicate your language preference so an interpreter or translations may be provided at no cost.</i></p>	<p>1. In what language(s) would your family prefer to communicate with the school?</p>
<p><b>Language Background</b> <i>Information about your child’s language background is needed to identify whether students are screened for English learner status.</i></p>	<p>2. What language did your child learn first?</p> <p>3. What language does your child use the most?</p> <p>4. What languages are used in your home?</p>
<p><b>Prior Education.</b> <i>Responses about your child’s birth country and previous education provide information about the knowledge and skills your child is bringing to school.</i></p>	<p>5. In what country was your child born?</p> <p>6. Has your child ever studied or received formal education outside of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>    a. If yes, how many years/months?</p> <p>    b. If yes, what was the language of instruction?</p> <p>7. Has your child attended school in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>    a. If yes, when did your child first attend school in the United States? (mm/dd/yyyy): _____</p>
<p><b>Additional Information.</b> <i>Share any information to better understand your child’s language experiences and background.</i></p>	

Parent/Guardian name (First and Last): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Today’s Date: (mm/dd/yyyy): \_\_\_\_\_