Buckeye Local School District
3044 Columbia Rd., Medina OH 44256

INTERDISTRICT OPEN ENROLLMENT APPLICATION

New Applicants

2025-2026

This application must be received by the Superintendent's office of the Buckeye Local School District by **June 2nd 2025**. Requests will be acted upon no later than July 15th, and parents will be notified of the approval or denial status prior to August 1st 2025. **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. 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. 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.