

**EATON COMMUNITY SCHOOL DISTRICT
INTERDISTRICT OPEN ENROLLMENT STUDENT APPLICATION**

School Year Applying For: 2025-2026

**NOTE: This application MUST be submitted to the District Superintendent's Office
at 306 Eaton Lewisburg Rd., Eaton, Oh 45320 by June 1, 2025**

Complete Student information (Please Print)

Student's First Name: _____ Middle _____ Student's Last Name: _____

Student's Address: _____ City _____ State: OH Zip _____

PROOF OF RESIDENCY IS REQUIRED ANNUALLY. PLEASE ATTACH.

_____ Female _____ Male Date of Birth: ____/____/____ Birthplace City: _____

Parent/Guardian Name(s) _____ Email _____

Phone No. _____ Mother's Maiden Name: _____ Court/Custody Papers _____ Yes (attach copy) _____ No

Ethnicity: _____ White _____ Black _____ Hispanic _____ Asian/Island Pacific _____ Native American Other _____
(Mark all that apply)

Native Language: _____ English _____ Spanish _____ Japanese _____ Other _____

Home Language: _____ English _____ Spanish _____ Japanese _____ Other _____

Complete School Information (Please Print)

Present Grade _____ Grade Requested _____ Will Student be attending MVCTC? _____ Yes _____ No

If requesting specific high school courses (grades 9-12) please list: _____

Has student ever been enrolled in Eaton Community Schools? _____ Yes _____ No If yes, when _____

Current School District of Residence: _____

Is the student in a special education program? _____ Yes _____ No Does student have an IEP/ETR/504Plan? _____ Yes _____ No

If yes, please explain: _____ and attach IEP/ETR/504.

Has the student ever been suspended and/or expelled or does the student have unresolved discipline issues? _____ Yes _____ No

If yes, explain reason for suspension and/or expulsion or discipline _____

Do you owe any fees to your previous district that would prevent Eaton Community Schools from receiving grades? _____ Yes _____ No

If seeking to **renew** Open Enrollment, do you have outstanding fees owed to Eaton Community Schools from previous year/years? _____ Yes _____ No

Reason(s) for Open Enrollment Request: _____

Do you have any other children attending Eaton Schools through Open Enrollment? If yes, list names _____

Parent/guardian signature _____ Date: _____

- Open Enrollment may impact athletic eligibility. Contact the Athletic Director for details about eligibility.
- This is not a registration form. After you have been approved, please visit www.eaton.k12.oh.us for enrollment instructions or call 937-456-1107.
- Applications must be received in the Office of the Superintendent by **June 1, 2025**. If mailed, please mark the envelope "Open Enrollment." Parent/guardian will be notified of rejection or acceptance by **August 4, 2025** if the request is for the next school year, or within 14 days if the request is during the school year. Basis of acceptance will be determined by capacity limits by grade, school building, and educational programs as stated in Board Policy.
- Falsification of any information on this open enrollment form may result in an automatic termination of open enrollment status and denial of future open enrollment applications.
- No student shall be denied admission to Eaton Community School District or to a particular course of program of instruction or otherwise discriminated against for reasons of race, color, national origin, ancestry, sex, handicap, or any other basis of unlawful discrimination.

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

Received by _____ Time _____ Date _____

Superintendent's Recommendation:

Date form received: _____ Approved _____ Denied _____

Reason for Denial: _____

Superintendent Signature:

Date Parent Copy Sent: _____ Date Resident District Copy Sent: _____

Date of enrollment change for EMIS _____ SSID Number _____